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1959

COUNTY COUNCIL OF ESSEX

REPORT

OF THE

County Medical Officer of Health

FOR THE YEAR

1959

—

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

COUNTY MEDICAL OFFICER OF HEALTH

CONTENTS

PREFACE

COUNTY HALL
CHELMSFORD

Telephone: CHELMSFORD 3231

March, 1961

To the Chairman, Aldermen and Councillors of the County Council of Essex

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health of the County for the year 1959. This is the sixth Report that I have compiled and the seventieth in the series of such Reports that have been presented to the County Council.

Vital Statistics

Following the trend of recent years, there was a further increase in the estimated mid-year population of the Administrative County from 1,783,000 in 1958 to 1,811,000 in 1959. The natural increase in the population (i.e. excess of births over deaths) was about 10,000 and the remaining 18,000 resulted from the balance of inward over outward migration.

As compared with 1958, there was a slight fall (0.1 per 1,000 population) in the adjusted birth rate whilst the death rate increased from 11.0 to 11.4 per 1,000 population. Both these rates remained below those for England and Wales.

The infant mortality rate (20.0 per 1,000 live births) was higher than in either of the two preceding years but compared favourably with the national rate of 22.0. The fall in the stillbirth rate (from 18.3 per 1,000 total births in 1958 to 17.8 in 1959) was rendered less significant by an increase in the rate for neonatal mortality. The perinatal mortality rate rose slightly but remained well below the figure for the country as a whole. The 8 deaths from maternal causes resulted in a rate of 0.27 per 1,000 total births which, for Essex, was the lowest on record; for the third successive year there was no more than one maternal death in every two-and-a-half thousand births.

There was a further reduction in the number of deaths from tuberculosis which nowadays accounts for only one-quarter the number of deaths attributed to the disease 10 years ago. The Report draws attention to the increasing number of deaths from cancer which, over the past five years, has shown an average annual rate of increase amounting to twice what it was during the first

five years of the past decade. Influenza and pneumonia together accounted for more deaths than ever before and deaths from motor vehicle accidents were also the highest ever recorded.

Mental Health

The shortage of sufficient accommodation in mental deficiency hospitals, which is a national as much as a local problem, continued to be a source of serious concern. The names of 356 persons were on the waiting list at the end of the year and the Report gives particulars of the length of time these patients have been awaiting admission. Here is an aspect of the national health service that has shown little improvement since 1948 : indeed the waiting list in Essex is now more than half as long again as it was 10 years ago. It is to be hoped that it may not be too long before the number of staffed hospital beds can be increased, thereby alleviating many of the distressing problems which are repeatedly being brought to the notice of the Department.

An important event of the year was the passage through Parliament of the Mental Health Bill which received the Royal Assent in July and thus became the Mental Health Act, 1959. This bold and imaginative measure, which repeals most of the existing mental health legislation, will undoubtedly provide the framework for the administration of the mental health services for many years to come. The Act implements many of the recommendations of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency ; it adopts new terminology (no more shall we officially describe a human being as " an idiot " or " an imbecile ") ; it confers new powers upon the local health authority and it emphasises that, as far as possible, there should be no more formality surrounding a patient's admission to a psychiatric hospital than there is in securing his treatment for physical illness. Thus there has finally been brought about the fulfilment of striking and prophetic recommendations made over 30 years ago by the Royal Commission on Lunacy and Mental Disorder (1926) :

> " That the treatment of mental disorder should approximate as nearly as possible to the treatment of physical ailments as is consistent with the special safeguards which are indispensable when the liberty of the subject is infringed ; that certification should be the last resort and not a necessary preliminary to treatment ; and that the procedure for certification should be simplified and made uniform for private and rate-aided cases alike."

The Act had not been brought into operation by the end of the year but a draft scheme was prepared, details of which are given in the body of the Report, for the future development of the mental health service in the Administrative County.

Night Attendance

For a number of years it has been possible to operate a restricted night attendance service from certain funds of a charitable nature. Following a successful trial in one Health Area, the Council decided to supersede the existing arrangements from 1st December 1959 by making available a directly-provided night attendance service throughout the whole of the Administrative County.

First impressions are that this new service has been of very great benefit not only to seriously ill patients but also to their friends and relatives.

Chiropody

In April 1959, the Minister of Health indicated that he was prepared to approve Proposals by local health authorities for the establishment or extension of chiropody services. The Council thereupon decided to extend the arrangements already in existence in certain Health Areas with a view to the provision of comprehensive facilities throughout the Administrative County. In those areas where little or no service existed, it was decided to provide in the first place for the needs of the elderly, the physically handicapped and expectant mothers. At the end of the year steps were being taken to recruit the necessary additional staff.

Maternity Services

The Report of the Maternity Services Committee (which has become known as the Cranbrook Report) was published in February 1959. At the end of July, the Minister indicated that he had given preliminary consideration to the recommendations of the Committee and that, whilst there were many which he could at once accept, there were several matters on which consultation with the authorities and organisations concerned with the maternity services was required before final decisions could be taken. These consultations were still in progress at the end of the year.

The recommendations which the Minister found acceptable were all adopted by the County Council (many indeed were already in operation) with the exception of one relating to the provision of premises and facilities for ante-natal clinics without charge to general practitioner obstetricians and to hospital medical staff holding outlying hospital clinics.

Nursing Homes

Following certain difficulties which had occurred in the Council's relations with keepers of nursing homes, largely owing to the detailed prescription in

the existing byelaws of accounting arrangements which no longer accorded with modern business practice, it was decided to recommend the adoption, with two amendments, of the model byelaws with respect to nursing homes issued by the Ministry of Health in 1957. The effect of these amendments is to ensure that particulars of infectious disease are entered punctually in the register of patients and notified to the County Medical Officer of Health within 24 hours. Consideration was also given to a revision of staffing standards and other conditions applicable to the registration of nursing homes.

Conclusion

This Annual Report gives a full account of the many and varied activities of the County Health Department, all of which are directed towards the improvement of the health and social conditions of the people of Essex. I am most grateful to the members of the staff for their continued loyalty in maintaining the high standards of the Department ; without their hard work the progress recorded in these pages would not have been possible. I also place on record my appreciation of the help given by voluntary workers of all kinds.

As in previous years, I express my warm thanks to the Chairman and Members of the Health Committee for their continued encouragement and support and for their patience in dealing with the large and ever-increasing volume of business presented to them for their determination.

I am, Ladies and Gentlemen,

Your obedient Servant,

Geo. F. Stewart

County Medical Officer of Health

COUNTY COUNCIL OF ESSEX

HEALTH COMMITTEE

(*as at 31st December, 1959*)

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

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

L. D. Gurr, 12 Fishers Avenue, Woodford Green, 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. A. E. Prendergast, 53 Western Avenue, Dagenham, Essex

Miss A. S. Terry, J.P., 8 Wycombe Road, Ilford, Essex

Mrs. E. I. Tivy, " Coolavin," South Woodham, Chelmsford, Essex

E. Trippier, 2 High Road, Rayleigh, 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, 1959*)

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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
I. B. MILLAR, M.D., B.Ch., B.A.O., D.P.H
(Commenced 16.11.59)

Assistant Medical Officer:

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

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

**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:

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

(Commenced 4.9.59)

Assistant County Health Inspector:

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

Sampling Officer:

A. G. CHAMBERS

Assistant County Ambulance Officer:

D. S. BEEDIE

Supervising Duly Authorised Officer and Petitioning Officer:

A. L. BARTON

Assistant Supervising Duly Authorised Officer and Petitioning Officer:

K. M. SKINGLEY

Health Education Organiser:

C. E. WILLIAMS

(Commenced 4.6.59)

Statistician:

W. H. LEAK, B.A., F.S.S

(Commenced 1.12.59)

Chief Lay Administrative Assistant:

J. G. COX

Principal Administrative Assistant:

J. SAUNDERS, A.C.C.S

Senior Administrative Assistants:

A. D. H. RIDPATH

E. W. AMOS

Administrative and Clerical Staff

64 whole-time and 5 Part-time

2. CENTRALLY ADMINISTERED SERVICES

Ambulance Service:

Station Officers	24
Assistant Station Officers	33
Head Drivers	3
Driver Attendants	455
Attendants	5
Controllers	2
Control Room Assistants	8
Clerk Telephonists	39

Mental Health Service:

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

Training Homes for Home Nurses and Midwives:

Superintendent	1
Deputy Superintendent	1
Other Nursing Staff	*88
Student District Nurses	18
Pupil Midwives (Part II)	25
Clerical and Administrative Staff	†5

* Includes 16 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

*W. A. GARSON, L.M.S.S.A
(also part-time Assistant Medical Officer, Borough of Colchester)
(Commenced 16.10.59)

*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 are 6 Medical Officers undertaking an average of 16 sessions a week on a sessional basis

DENTAL OFFICERS

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

In addition there are 7 Dental Officers undertaking 18 sessions a week on a sessional basis

ADMINISTRATIVE AND CLERICAL STAFF

21 whole-time and 2 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 District 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

*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)

C. A. JANSZ, M.B., B.S.(Ceylon), D.C.H
(Commenced 1.6.59)

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

*C. R. C. RAINSFORD, M.D., D.P.H., D.T.M

(also part-time Medical Officer of Health, Urban Districts of Braintree and Bocking and Witham, Rural Districts of Braintree and Dunmow)

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

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

In addition there are 4 Medical Officers undertaking 6 sessions a month on a sessional basis

* *Part-time Officer*

DENTAL OFFICERS

B. G. Brown, L.D.S

G. F. Carter, *Dentist*
(Commenced 1.1.59)

Nanija S. Mezits (Latvia)

S. H. Rands, L.D.S
(Commenced 1.10.59)

In addition there are 2 Dental Officers undertaking 8 sessions a week on a sessional basis

ADMINISTRATIVE AND CLERICAL STAFF

27 whole-time and 9 part-time

South-East Essex Health Area

MEDICAL OFFICERS

Acting Area Medical Officer:

A. W. Forrest, M.A., M.D., Ch.B., D.P.H
(Commenced 2.11.59)

Assistant County Medical Officers:

W. H. G. Batham, M.R.C.S., L.R.C.P
(Commenced 12.10.59)

Jean Buchanan, 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)

*Daphne Sasieni, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H
(also part-time Deputy Medical Officer of Health, Rural District of Rochford
Urban Districts of Benfleet, Canvey Island and Rayleigh)

In addition there are 3 Medical Officers undertaking 15 sessions a week on a sessional basis

DENTAL OFFICERS

*H. D. Cockram, L.D.S

H. J. Cracknell, L.D.S

*R. Maxwell, L.D.S

*H. L. Thorn, L.D.S

In addition, there are 7 Dental Officers undertaking 24 sessions a week on a sessional basis

ADMINISTRATIVE AND CLERICAL STAFF

16 whole-time and 2 part-time

South Essex Health Area

MEDICAL OFFICERS

Area Medical Officer:

*W. T. G. Boul, M.B.E., M.D., D.P.H
(also part-time Medical Officer of Health, Urban District of Thurrock)

* *Part-time Officer*

Assistant County Medical Officers:

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

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

*D. T. JONES, B.Sc., M.B., B.Ch., D.C.H

MURIEL M. LINGWOOD, M.B., B.S., D.C.H

*G. T. B. 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

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

CHARLOTTE GRIESHABER
Doctor Medicinal Dentium, Berlin University

OMULA SAUNDERS
Diploma of Dental Surgery, Latvia

In addition there is 1 Dental Officer undertaking 1 session each week on a sessional basis

ADMINISTRATIVE AND CLERICAL STAFF

28 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

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

LILY WHITE, M.B., Ch.B

In addition there are 17 Medical Officers undertaking 25 sessions a week on a sessional basis

* *Part-time Officer*

DENTAL OFFICERS

LILLA E. BROADBENT, L.D.S

EMMA KIMELMAN, M.D. (Vienna)

In addition there are 11 Dental Officers undertaking 32 sessions a week on a sessional basis

ADMINISTRATIVE AND CLERICAL STAFF

23 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 are 2 Dental Officers undertaking 9 sessions a week on a sessional basis

ADMINISTRATIVE AND CLERICAL STAFF

11 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

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

In addition there is 1 Medical Officer undertaking 5 sessions a week on a sessional basis

DENTAL OFFICERS

There is 1 Dental Officer undertaking 5 sessions a week on a sessional basis

* *Part-time Officer*

ADMINISTRATIVE AND CLERICAL STAFF

19 whole-time and 1 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

Maureen J. Hodgson, M.R.C.S., L.R.C.P., M.B., B.S., D.C.H
(Commenced 15.6.59)

*Helen E. Mair, M.B., Ch.B., D.P.H

Wilhelmina C. Maguire, L.M., L.R.C.P., L.R.C.S.I

Madeline Weizmann, M.R.C.S., L.R.C.P

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

DENTAL OFFICERS

There are 3 Dental Officers undertaking 13 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

G. B. Taylor, M.R.C.S., L.R.C.P., M.B., B.S., D.C.H., D.Obst., R.C.O.G
(Commenced 13.7.59)

In addition there is 1 Medical Officer undertaking 5 sessions a week on a sessional basis

DENTAL OFFICERS

Senior Dental Officer:

E. V. Haigh, L.D.S

In addition there are 7 Dental Officers undertaking 20 sessions a week on a sessional basis

* *Part-time Officer*

ADMINISTRATIVE AND CLERICAL STAFF

30 whole-time and 3 part-time

Leyton Health Area

MEDICAL OFFICERS

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

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

GWYNETH RICHARDS, L.R.C.P., L.R.C.S., L.R.F.P.S.

(Commenced 9.11.59)

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

DENTAL OFFICERS

Senior Dental Officer:

A. E. HALL, L.D.S

Dental Officers:

P. G. ARNOLD, L.D.S.

(Commenced 1.9.59)

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

In addition there are 3 Dental Officers undertaking 4 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:

*MELVILLE WATKINS, M.R.C.S., L.R.C.P., 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.) & 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. C. TIMMIS, L.D.S

In addition there are 3 Dental Officers undertaking 12 sessions on a sessional basis

ADMINISTRATIVE AND CLERICAL STAFF

19 whole-time and 2 part-time

* *Part-time Officer*

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

	Whole-time	Part-time
Superintendent Health Visitors	11	—
Non-Medical Supervisors of Midwives and Superintendents of Home Nurses	7	—
Domestic Help Organisers	20	—
Health Visitors, Tuberculosis Visitors and School Nurses	237	44
Clinic Nurses	15	37
Midwives	80	6
Home Nurse Midwives	164	15
Home Nurses	80	26
Chiropodists	15	15
Dental Technicians	6	—
Dental Attendants	39	13
Speech Therapists	24	4
Day Nursery Matrons	19	—
Day Nursery Deputy Matrons	17	—
Day Nursery Wardens	19	—
Day Nursery Nurses and Nursery Assistants	84	1
Day Nursery Students in Training	86	—
Domestic Helps	21	2,551
Psychiatric Social Workers	9	2
Oral (Dental) Hygienist	1	—
Occupational Therapist	1	—
Clinic Clerks	38	23

SECTION I—STATISTICAL

Acreage

No boundary changes affecting the County or County Districts occurred during the year and the area of the Administrative County remained at 959,463 acres or about 1,500 square miles. As in previous years, difficulty was experienced in calculating vital statistics for the Mid-Essex and Forest Health Areas due to the fact that the common boundary of these Areas divides the Epping and Ongar Rural District in two. In general, vital statistics given for these two Health Areas refer to the Area less the portion of the Epping and Ongar Rural District contained in it, and in the tables the figures for the Rural District are given separately. Figures for the Administrative County are unaffected by this arrangement.

Vital Statistics

As requested by the Ministry of Health, certain vital statistics relating to mothers and infants are given below. The statistics for 1958 are also given for comparative purposes.

	1959	1958
Live Births—		
Number	28,808	28,230
Rate (per 1,000 population)	15.9	15.8
Percentage registered as illegitimate	3.6	3.5
Stillbirths—		
Number	522	527
Rate (per 1,000 births)	17.8	18.3
Total Births (live and still)	29,330	28,757
Infant Mortality—		
Number of deaths under one year	576	500
Rate per 1,000 live births (All infants)	20.0	17.7
Rate per 1,000 live births (Legitimate infants)	19.6	17.3
Rate per 1,000 live births (Illegitimate infants)	30.8	28.2
Neo-natal (first four weeks) Mortality rate	14.8	12.9
Early Neo-natal (first week) Mortality rate	12.8	11.1
Perinatal (stillbirths and first week) Mortality rate	30.4	29.2
Maternal Mortality (including abortion)—		
Number of deaths	8	10
Rate per 1,000 total births	0.27	0.35

Most of the statistics and other vital figures are commented upon in detail elsewhere in this Report. In Table I on page 91 there will be seen details of the population and the principal vital statistics for each County District in addition to the 11 Health Areas into which the County is divided for the day-to-day administration of the functions of the Council as Local

Health Authority. Tables II and III give details of deaths by cause. The remainder of this Section is devoted largely to a discussion of these figures.

Population

The Registrar-General's estimated mid-year population of the Administrative County was 1,811,000, an increase of 28,000, compared with increases of 28,400 in 1958 and 26,800 in 1957. Essex thus still maintains its position as the fourth most highly populated Administrative County in England and Wales. The natural increase in the population was about 10,000, leaving a balance of inward over outward migration of approximately 18,000, the same as in each of the last two years. The pattern of migration follows that reported in detail in my last two Annual Reports.

Annual estimates of migration by deducting the natural increase from the estimated increase in population can only be regarded as very approximate. The natural increase refers to the calendar year while populations are estimated for mid-years. Any correction one year for an over-estimate or under-estimate of population the previous year will by this method be credited to migration. It is therefore proposed this year to review the position over a period of five years when these drawbacks will be much less important.

Table IV on page 94 shows for each County District and Health Area the mid-year estimates of population for 1954 and 1959, the difference between them, an estimate of the natural increase over the same period, obtained by averaging the natural increase over the periods 1953-58 and 1954-59, and the balance representing migration.

Births

The number of *live births* registered during the year was 28,808 giving a crude live birth rate of 15.9 compared with 15.8 in 1958, 15.2 in 1957 and 14.8 in 1956.

For comparison with the rate for England and Wales, 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 County was 15.1 compared with a rate of 16.5 for England and Wales.

The increase in the birth rate which has occurred since 1955 continues but at a slower rate, the rate in 1959 being only fractionally above that for 1958.

The situation in the areas which have been receiving large numbers of immigrants is different. In Chigwell U.D. the building of the two London County Council housing estates was virtually complete in 1950. The birth rate was at an abnormally high level and fell steadily for the next seven years to a more normal level. The peak of immigration into the Harold Hill estate at Romford and also the peak birth rate in the Borough was reached in 1952. Since then the birth rate has declined but remains at a very high level, partly

due to the age structure of the population (the birth comparability factor is 0.84, which is the lowest of any county district except those containing the New Towns).

The situation in Thurrock U.D. is broadly similar, the peak birth rate in 1953-54 coinciding with the peak immigration into the Aveley estate.

The areas where there has been rapid development which is still continuing (the South-East Essex Health Area, the Brentwood, Hornchurch, Harlow, Waltham Holy Cross and Epping Urban Districts and the Epping and Ongar Rural District) show a steadily increasing birth rate from under 15 in 1950 to over 21 in 1959. The rate of increase is slowing and in Harlow the rate has already fallen from over 34 in 1955 to less than 30 in 1959. As development in these areas slows down the birth rate will probably start to fall but will be likely to remain (like that at Romford) at a very high level for many years to come because of the age structure of the populations in these areas.

The number of births during the year registered as illegitimate was 1,056 (17 of which were stillborn) compared with 1,019 in 1958.

The number of *premature births* notified was 1,900 (253 of which were stillborn) compared with 1,851 in 1958. The number of premature births expressed as a percentage of total births for the last eight years is as follows :—

1952	1953	1954	1955	1956	1957	1958	1959
6.3	6.5	6.9	6.6	6.6	6.8	6.4	6.5

Nearly half the premature babies weighed between 5 and 5½ lb and only 3.5 per cent of all births weighed under 5 lb.

The incidence of prematurity varies throughout the County, as may be seen from the following table, giving figures for the five years 1955-59.

Health Area	*Total notified Births, 1955-59*	*Total Premature Births, 1955-59*	*Per cent of births weighing 5½ lb or less*
North-East Essex	13,494	911	6.8
Mid-Essex	18,224	1,259	6.9
South-East Essex	14,022	941	6.7
South Essex	23,631	1,568	6.6
Forest	18,982	1,114	5.9
Romford	9,646	648	6.7
Barking	4,819	381	7.9
Dagenham	7,862	569	7.2
Ilford	11,146	643	5.8
Leyton	6,118	446	7.3
Walthamstow	7,199	474	6.6
Administrative County	135,143	8,954	6.6

During the last five years, the percentage of births weighing 5½ lb or less was significantly low in Ilford (5.8%) and the Forest Health Area (5.9%) and significantly high in Barking (7.9%), Dagenham (7.2%) and Leyton (7.3%).

There were 522 *stillbirths* registered during the year (527 in 1958), giving a stillbirth rate of 17.8 per 1,000 total births as compared with 18.3 in 1958. This is the second year in succession that the stillbirth rate has been the lowest on record. Following a substantial fall during the war years (the rate in 1938 was 33.0), the rate tended to rise in the early '50s but has now fallen in four out of the last five years. Seventeen of the stillbirths were registered as illegitimate giving an illegitimate stillbirth rate of 16.1, rather less than the legitimate rate.

Table V on page 95 shows the number of live births, stillbirths and the stillbirth rate in the decade 1950-1959, in each County District and Health Area.

Infant Mortality

There were 576 deaths of infants under one year of age, giving an infant mortality rate of 20.0 per thousand live births compared with 17.7 in 1958 and 19.3 in 1957. The rate, though higher than that for the preceding two years, compared favourably with the England and Wales rate of 22.0. The trend in the infant mortality rate in the Administrative County during the last decade is as follows :—

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
23.4	21.7	23.9	24.3	21.1	22.1	20.3	19.3	17.7	20.0

The rate fell steadily from 39.4 in 1945 to 21.7 in 1951. Since then the general trend has been downwards but there have been considerable fluctuations from year to year.

The infant mortality rate for illegitimate infants was 30.8 (28.2 in 1958 and 26.9 in 1957) compared with 19.6 (17.3 in 1958 and 19.0 in 1957) for legitimate infants. The illegitimate infant mortality rate over the last five years has averaged over 50 per cent greater than the legitimate rate.

Neonatal Mortality

There were 425 deaths in the first four weeks of life giving a neonatal mortality rate of 14.8 per 1,000 live births compared with 12.9 in 1958 and 13.7 in 1957. Most of the increase in neonatal deaths was in the first week, the early neonatal mortality rate being 12.8 compared with 11.1 in 1958 while the late neonatal mortality rate only increased from 1.8 to 1.9. The post-neonatal mortality rate rose from 4.8 to 5.2, a percentage increase only a little larger than the late neonatal rate.

Perinatal Mortality

The perinatal mortality rate was 30.4 per 1,000 total births in 1959 compared with 29.2 in the previous year ; the corresponding rates for England and Wales were 34.1 and 35.0 per 1,000 total births.

Deaths

The number of deaths registered during the year (after adjustment for inward and outward transfers) was 18,727 (18,052 in 1958 and 17,911 in 1957). The crude death rate was 10.3 per 1,000 population compared with 10.1 in 1958 and 10.2 in 1957.

The adjusted death rate (i.e. the rate comparable with adjusted rates for other areas and with the crude rate for England and Wales) was 11.4 compared with 11.0 in each of the two preceding years and the England and Wales rate of 11.6. While the national rate declined by 0.1 per 1,000, the County adjusted rate increased by 0.4.

The figures at the foot of Table II on page 92 show that the increase from 1958 in the number of deaths was shared nearly equally between males and females. Deaths of males increased by more than 10 per cent in each age group below 65 except for young men of 15 to 24 but the female increase was concentrated in the youngest and the oldest age groups.

The number of deaths increased in all Health Areas except Romford but in Mid-Essex and South-Essex the increases were so small as to leave the crude mortality rate unchanged. The small increase in South-Essex resulted from a decrease in the number of deaths in Hornchurch U.D. and increases in the other two districts.

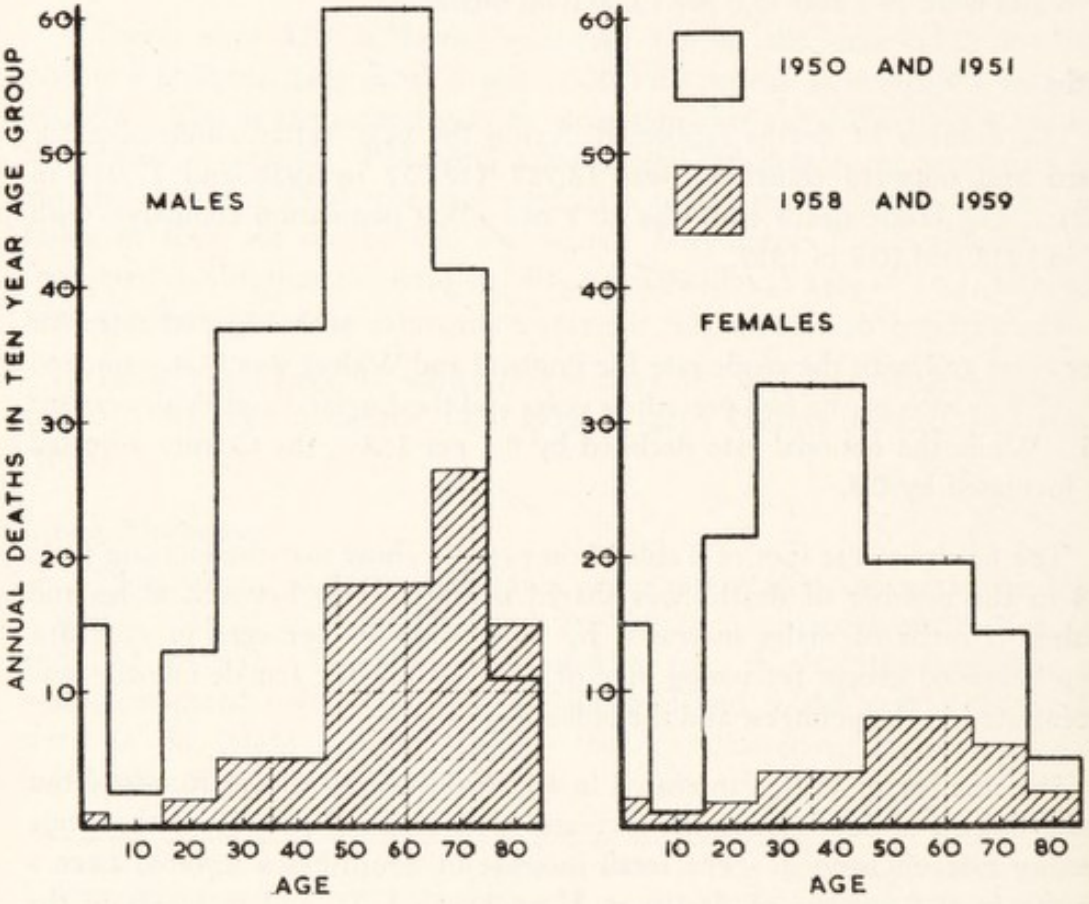
Tuberculosis Deaths

Deaths numbered 114 of which 8 were non-respiratory compared with 138 (14 non-respiratory) in 1958. The deaths from all forms of tuberculosis in the last ten years are given by age and sex in Table VI on page 96. The change which has occurred over this period is illustrated in the Figure on page 26.

In the years 1950 and 1951, 542 males and 308 females died of tuberculosis. In 1958 and 1959 the numbers were 180 and 72 respectively, a reduction of two-thirds for males and over three-quarters for females. In 1950-51, there were substantial numbers of deaths of pre-school-age children, among men the largest number of deaths was in the 45-64 age group and among women in the 25-44 age group. The decreases over the period have been greatest for children and young adults so that in 1958-59 the peak age for male deaths was 65-74 and for female deaths 45-64. The trend towards an increasing average age at death from tuberculosis seems likely to continue.

DEATHS FROM TUBERCULOSIS

1950 AND 1951 COMPARED WITH 1958 AND 1959



Cancer Deaths

Deaths from cancer (all sites, including leukaemia) in the County in the last ten years are set out below :—

Site	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Stomach	473	501	488	510	451	493	492	470	484	532
Lung & Bronchus	494	503	534	594	637	653	755	788	751	881
Breast	272	273	314	305	308	323	338	355	337	368
Uterus	114	121	113	104	106	132	119	113	127	130
Others	1,563	1,529	1,561	1,574	1,589	1,616	1,631	1,734	1,669	1,736
Leukaemia & Aleukaemia	57	76	83	80	91	109	106	86	125	112
Total	2,973	3,003	3,093	3,167	3,182	3,326	3,441	3,546	3,493	3,759

The number of cancer deaths increased each year until 1957. In 1958, there was a decline which was, however, followed by an exceptionally large increase in 1959. The annual rate of increase between 1954 and 1959 was double that between 1950 and 1954.

About a half of the increase since 1950 was due to deaths from cancer of the lung but deaths from cancer of most sites have tended to increase. Table VI on page 96 shows deaths from cancer of the lung and of all other sites in age groups for the last ten years. Under 45 years of age, deaths have remained at roughly the same level except for a decline in lung cancer deaths for men of 25 to 44 years and a rise in other cancer deaths in boys and young men between 5 and 25 years.

Deaths from Diseases of the Circulatory System

The numbers of these deaths in the last ten years are as follows :—

	1950	1951	1952	1953*	1954	1955	1956	1957	1958	1959
Vascular lesions of the nervous system	1,905	2,042	2,106	2,205	2,168	2,274	2,460	2,382	2,365	2,426
Coronary disease, angina	1,965	1,951	2,175	2,273	2,422	2,506	2,653	2,794	3,006	3,102
Hypertension with heart disease	618	531	336	378	317	467	459	365	341	347
Other heart disease	2,881	3,086	2,754	3,136	2,545	2,543	2,676	2,539	2,614	2,469
Hypertension without mention of heart	139	103	296	301	281	270	304	302	258	268
Other circulatory disease	411	404	431	465	467	490	491	465	537	568
Total	7,919	8,117	8,098	8,758	8,200	8,550	9,043	8,848	9,121	9,180

About a half of all deaths in Essex each year are attributed to diseases included in this group.

The age distribution of deaths from diseases of the circulatory system is as follows :—

Year	*Males*						*Females*					
	0–	25–	45–	65–	75–	*Total*	0–	25–	45–	65–	75–	*Total*
1950	16	79	800	1,178	1,740	3,813	6	71	601	1,127	2,301	4,106
1951	9	86	870	1,179	1,811	3,955	7	64	608	1,117	2,366	4,162
1952	15	89	901	1,207	1,773	3,985	7	55	562	1,057	2,432	4,113
1953*	12	96	933	1,276	1,872	4,189	8	54	568	1,186	2,753	4,569
1954	7	101	917	1,223	1,704	3,952	9	68	568	1,134	2,469	4,248
1955	8	96	954	1,246	1,769	4,073	14	65	581	1,101	2,716	4,477
1956	9	109	1,039	1,294	1,926	4,377	4	71	573	1,198	2,820	4,666
1957	6	101	1,092	1,287	1,798	4,284	8	67	617	1,150	2,722	4,564
1958	4	88	1,070	1,279	1,909	4,350	5	64	608	1,183	2,911	4,771
1959	12	100	1,116	1,276	1,895	4,399	3	45	583	1,144	3,006	4,781

* Deaths affected by method of allocating deaths in chronic sick hospitals

Deaths from Diseases of the Respiratory System

The following table sets out the number of deaths since 1950 ascribed to influenza, pneumonia, bronchitis and other respiratory diseases :—

	1950	1951	1952	1953*	1954	1955	1956	1957	1958	1959
Influenza	86	329	37	248	40	80	97	226	93	249
Pneumonia	525	858	743	1,022	720	883	868	927	970	1,174
Bronchitis	797	1,115	898	1,182	746	893	1,051	910	1,009	968
Other respiratory diseases	125	125	136	163	148	168	156	155	175	184
Total	1,533	2,467	1,814	2,615	1,654	2,024	2,172	2,218	2,247	2,575

* Deaths affected by method of allocating deaths in chronic sick hospitals

Of the 249 influenza deaths in 1959 only 20 were of children or adults under 45 years of age. There were, however, 82 deaths of infants from pneumonia and 23 deaths of older children, as compared with 75 and 19 respectively in 1958.

Maternal deaths

This is the third successive year that maternal deaths have averaged less than one in every 2,500 births.

Deaths from Accidents and Suicide

The trend in deaths from accidents and suicide during the last ten years is given below :—

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Motor vehicle accidents	150	154	123	135	149	167	167	163	174	193
Other accidents	243	251	255	364	262	273	298	312	308	295
Suicide	154	152	134	143	167	170	214	174	190	173

Deaths from motor vehicle accidents declined in the early 1950s, increased from 1952 to 1955, then remained steady for two years and in the last two years have increased by nearly 20 per cent. Deaths from other accidents have also been increasing but the 1959 figure shows a small decrease compared with the figures for the two previous years.

Further details of the number of deaths from accidents in 1950-52 and 1957-59 are as follows :—

Age Group	Motor vehicle accidents				All other accidents			
	Males		Females		Males		Females	
	1950-52	1957-59	1950-52	1957-59	1950-52	1957-59	1950-52	1957-59
0	—	—	—	—	29	19	25	10
1— 4	8	8	5	2	31	25	15	18
5—14	29	25	13	9	23	30	8	6
15—24	83	113	15	14	49	39	5	5
25—44	77	98	9	11	101	89	12	13
45—64	59	96	19	34	87	122	38	42
65—74	39	34	18	24	41	42	44	64
75 and over	30	33	23	29	82	142	159	249
All ages	325	407	102	123	443	508	306	407

In 1950-52 just over one half of all deaths from motor vehicle accidents were of men of 15-64 years of age. This age range is just that where the increase in such deaths has been largest and in 1957-59 male deaths at these ages rose to nearly 59 per cent of the total. The male predominance was not so marked for " Other accidents " but three out of every four accidental deaths to persons under 65 were of men. The death rate was highest for men and women of 75 and over and most of the increased numbers of deaths were in this age group. The number of such deaths increased by 62 per cent. Accidental deaths of infants declined markedly but accidental deaths of children both from motor vehicles and other accidents showed little tendency to decline. There is evidently still a need for home safety propaganda for the young and the old.

Morbidity

The number of new claims for sickness benefit recorded in the 52 weeks ended 29th December, 1959, at local offices of the Ministry of Pensions and National Insurance in the Administrative County was 278,261.

The figures (in thousands) since 1950 are as follows :—

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
206.2	217.2	200.1	233.8	206.3	233.1	235.1	299.4	243.6	278.3

The figures for the last three years have been affected by influenza epidemics, the 1957 and 1958 figures by the first Asiatic influenza outbreak in the autumn of 1957 which lasted into early 1958 and the 1959 figures by the epidemic in February and March of that year.

The average weekly claims in the first 12 and the last 40 weeks of the last four years are as follows :—

Year	*January-March (12 weeks)*	*April-December (40 weeks)*
1956	7,055	3,762
1957	5,370	5,875
1958	6,882	4,025
1959	9,476	4,114

Claims in the last nine months of 1959 were at a somewhat higher level than in the corresponding periods of either 1956 or 1958.

SECTION II—GENERAL

STAFF

Central Office

Dr. T. K. Whitmore, Senior Medical Officer for Child Health, resigned on 29th August, 1959, and was succeeded by Dr. I. B. Millar on 16th November, 1959.

Mr. F. A. Irving, County Health Inspector, resigned on 3rd September, 1959. Mr. S. E. Willis, Assistant County Health Inspector, was appointed to the post, commencing his duties on 4th September, 1959.

Mr. F. St. D. Rowntree, Health Education Organiser, left on 19th May, 1959. Mr. C. E. Williams, Driver/Projectionist in the Health Education Service commenced duty as his successor on 1st June, 1959. As a part of the development of the Health Education Service the number of Driver/Projectionists on the Central Office staff was increased to two and both posts were filled in September.

Mr. L. Goldstone, Statistician, resigned on 31st March, 1959. Difficulty was experienced in filling the vacancy which resulted in the salary scale attaching to the post being increased. Mr. W. H. Leak, who had previously held the post from 1947-1956, was re-appointed and took up his duties on 1st December, 1959.

It is with regret I record the sudden death of Mr. G. F. Austin, County Ambulance Officer, on 23rd November, 1959.

Combined Medical Service

Dr. A. T. W. Powell, who retired (following an extension of service of five months after he reached retiring age) from the appointment of Medical Officer of Health, Area Medical Officer/Divisional School Medical Officer, Walthamstow, on 30th October, 1959, after nearly 30 years' service as Medical Officer of Health of the Borough was succeeded by Dr. M. Watkins, Medical

Officer of Health, Area Medical Officer/Divisional School Medical Officer, Leyton, who had previously held the post of Deputy Medical Officer of Health, Walthamstow, from 1941-1955.

At the end of the year arrangements were in hand to fill the vacancy at Leyton caused by the appointment of Dr. Watkins to Walthamstow.

I also regret to record the sudden death in October, 1959, of Dr. W. J. Moffat, Medical Officer of Health, Benfleet, Canvey Island and Rayleigh Urban Districts and Rochford Rural District and Area Medical Officer/ Divisional School Medical Officer, South-East Essex. Dr. A. W. Forrest, who had retired from the post of Medical Officer of Health, Area Medical Officer/Divisional School Medical Officer, Leyton in 1958, was appointed as temporary Area Medical Officer/Divisional School Medical Officer as from 2nd November, 1959, and arrangements were in hand to fill the post at the end of the year.

Assistant County Medical Officers

Six vacancies arose from resignations during the year of Assistant County Medical Officers. Although in five instances no particular difficulties arose in filling the post, it proved impossible to obtain a suitable applicant for the sixth post and the duties had therefore to be covered by temporary appointments.

Refresher Courses

Four Assistant County Medical Officers attended a short course on " The Deaf Child " held at the Institute of Laryngology and Otology, London. The Health Education Organiser attended the Central Council for Health Education Summer School. One hundred and eight Health Visitors, Midwives, Home Nurse/Midwives and Home Nurses took part in courses organised by the Women Public Health Officers' Association, the Royal College of Nursing, the Royal College of Midwives and the Queen's Institute of District Nursing.

Five Day Nursery Matrons attended a course held by the Royal College of Nursing. A Non-Medical Supervisor of Midwives and Superintendent of Home Nursing, who is also Superintendent of the Nurses' Training Homes, attended an administrator's course organised by the Queen's Institute of District Nursing. One Non-Medical Supervisor of Midwives took part in a course organised by the Association of Supervisors of Midwives. A course held by the National Association for Mental Health was attended by three Supervisors of Training Centres. Two Senior Administrative Officers (one on the Central Office staff and one on the Health Area staff) participated in a refresher course organised by the Association of Public Health Lay Administrators.

Motor Transport for Staff

It has for many years been the policy of the Council to provide certain

members of the staff with motor-cars or to approve the use of privately-owned vehicles on official business, and this arrangement was continued during the year.

On 31st December, 1959, 632 members of the Council's Health Services staff were using motor transport in connection with their official duties. Of these, 241 were provided with cars owned by the Council and the remaining 391 were using privately owned motor cars, motor scooters, or auto-cycles. In 1958, the corresponding figures were 593, 231 and 362 respectively.

During the year 13 members of the staff took advantage of the Council's Assisted Car Purchase Scheme.

Medical Examination of Staff

The medical examination of persons selected for appointment, as well as of members of the staff of the County Council, again made heavy demands upon the time of the medical staff. The number of such examinations during 1959 totalled 4,411 (752 on behalf of other local authorities) compared with 3,631 the previous year and 3,852 in 1957.

SITES AND BUILDINGS

Health Centres

Basildon New Town: Negotiations continued throughout the earlier part of the year with the Development Corporation and the Executive Council for Essex in respect of the proposed new Health Centre for Basildon, but unfortunately at the end of the year intimation was received from the Executive Council that they could no longer support the proposal. A scheme for the erection of a Health Services Clinic has been substituted for the Health Centre project.

Health Services Clinics

New clinics were opened at Ongar and Melbourne Park, Chelsmford; Keats House, Harlow; Marks Gate Estate, Dagenham, and at Priory Court, Walthamstow.

Work was also begun on the erection of new clinics at Heathcote Avenue, Ilford; Thames View, Barking, and on the extension to the Granleigh Road clinic, Leyton. The new clinic at Kenwood Gardens, Ilford was nearing completion at the end of the year, and a tender was accepted for the construction of a combined library and clinic at Loughton.

A property was purchased at South Road, South Ockendon to provide a small clinic with residential accommodation for nursing staff on the first floor. A site was purchased for a new clinic at Hutton, and negotiations continued in respect of sites at Hockley and Cranham.

A scheme for the extension of the Laindon clinic was submitted to the Ministry of Health.

new station at Canvey Island was completed in December.

Negotiations continued in respect of sites for new stations at Basildon, Romford, Burnham-on-Crouch and Ongar.

Training Centres for Mental Defectives

tion to meet the requirements of the Mental Health Act, 1959.

Housing for Nursing Staff

A new house at Walton-on-the-Naze and a pair of flats at Maldon were completed, and the erection of houses at Stanway and Frating was started. Tenders were invited for new houses at Pentlow and South Benfleet and a pair of flats at Harold Wood.

Houses were purchased at Dunmow, Grays and Romford, and Ministerial approval was received for the erection of a house at Hedingham and the purchase of one at Thundersley.

General

In October, the Ministry of Health issued circular 25/59 requesting local authorities to submit, not later than the 2nd November, 1959, a programme of capital building projects for which loan sanction would be required during the financial year 1960-61, and a similar, but tentative, programme for 1961-62. Programmes were accordingly submitted to the Ministry, but by the end of the year no intimation had been received as to which of the schemes were likely to be approved.

DECENTRALISATION OF ADMINISTRATION

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 harmoniously throughout the year.

OVERSEAS VISITORS

Arrangements were made at the request of the Ministry of Education for Dr. Johannes F. P. Du Preez of the Union of South Africa to see something of the dental services in Essex. Dr. Du Preez was particularly interested in the rural areas and visits were accordingly paid to a number of centres in the Forest and Mid-Essex Health Areas.

CIVIL DEFENCE

The number of volunteers enrolled in the Ambulance and First Aid Section of the Civil Defence Corps at 31st December, 1959, was as follows—comparable figures for the end of 1958 being shown in brackets :—

	Men	*Women*	*Total*
Eastern Region	558 (576)	729 (747)	1,287 (1,323)
London Region	380 (399)	447 (511)	827 (910)
	938 (975)	1,176 (1,258)	2,114 (2,233)

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

LABORATORY SERVICE

In accordance with arrangements which have been in existence for a number of years, County District Councils may send certain samples of water, milk, ice-cream, shellfish, 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
Public Health Laboratory, County Hall, London
Counties Public Health Laboratories, London

The first five laboratories mentioned are available for bacteriological examinations only, such work being done free of charge under the National Laboratory Service. The chemical examination of samples is carried out by the Counties Public Health Laboratories and, as such work is not covered by the National Laboratory Service, the cost of such examinations together with any bacteriological work sent to these laboratories is borne by the County Council.

The following is a summary of the samples examined by the laboratories during 1959 :—

Nature of Samples	*Samples examined by*	
	Public Health Laboratories	*Counties Public Health Laboratories*
Milk	2,334 (1,162)	648 (666)
Ice Cream (including lollies)	1,114 (1,187)	713 (558)
Other Foods	634 (538)	174 (149)
Water	868 (1,019)	668 (717)
Sewage Effluents	— (—)	101 (111)
Milk churns, bottles, cartons, etc.	636 (159)	3 (—)
Totals	5,586 (4,065)	2,307 (2,201)

Note: Comparable figures for 1958 are shown in parenthesis

MILK SUPPLY

Milk (Special Designation) (Specified Areas) Orders

The last of a series of these Orders which was made in 1958 resulted in the whole of the Administrative County becoming a specified area in which the use of a special designation in relation to milk sold by retail is obligatory.

The County Council enforce the provisions of the Orders in those parts of the County for which the Council are the Food and Drugs Authority. No infringement of the provisions was found during the year.

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

The County Council are responsible for the licensing and supervision of milk pasteurising establishments in that part of the County for which they are the Food and Drugs Authority. There were 10 pasteurising plants and two sterilising plants licensed which together treated over 42,000 gallons of milk a day in 1959. To these establishments 598 visits were made during the year, in the course of which 596 routine samples of milk were obtained and submitted to the special examinations laid down in Parts II, III and IV of the Third Schedule of the Regulations as follows :—

	Pasteurised milk		*Sterilised milk*
	Phosphatase test	*Methylene Blue test*	*Turbidity test*
Samples examined	516 (516)	516 (515)	80 (78)
Samples failed	— (—)	1 (1)	— (—)
Tests void	— (—)	1 (—)	— (—)

Note : Comparable figures for 1958 are shown in parenthesis

The one unsatisfactory sample was investigated immediately.

Much depends upon the cleanliness of milk containers and, in order to check the efficiency of the cleansing process, samples of washed bottles were therefore taken from time to time and submitted to bacteriological examination. Samples of churn rinsings (295 in all) were also taken and examined. Where necessary, appropriate remedial action was taken.

Biological Sampling

The whole of Essex became an "Attested Area" on the 1st October, 1959, and biological milk sampling has since then been confined to herds producing tuberculin-tested milk retailed without heat treatment.

Particulars of biological milk sampling over the past six years are shown in the following table :—

Year	*Number of reports received*	*Number inconclusive*	*Number free from tubercle bacilli*	*Number containing tubercle bacilli*
1954	656	16	612	28
1955	562	41	503	18
1956	615	15	578	9
1957	685	62	612	11
1958	743	11	722	10
1959	581	4	580	1

The one positive result occurring in 1959 was reported to the Divisional Inspector of the Ministry of Agriculture, Fisheries and Food in the usual way. As a result one animal was removed from the herd concerned and subsequently sold for slaughter.

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 positive.

Milk-in-Schools Scheme

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

With the exception of one (which is tuberculin tested) all the supplies are of pasteurised milk. As in previous years, samples of the 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 and, in the case of the tuberculin tested supply, to that laid down in the Third Schedule of the Milk (Special Designation) (Raw Milk) Regulations 1949. The tuberculin tested milk was also submitted to biological examination. Results obtained from such examinations of milk delivered to the schools 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	338
Number satisfactory	333
Number unsatisfactory	5

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

Only four complaints (compared with 25 last year) were investigated. Despite the long hot summer of 1959, only two of the complaints concerned sour milk. The other two were concerned with a bottle cap and black fragments in the milk. In no case were legal proceedings taken.

County Residential Establishments

As in last year, milk supplied to the County Council's residential establishments were sampled on the same basis as for schools and the samples were all found to be satisfactory.

ICE CREAM

During 1959, 33 of the 41 County District Councils in Essex exercised their sampling powers as regards ice cream and made use of the appropriate Public Health Laboratory facilities as follows :—

Laboratory	*No. of Authorities*	*No. of samples*
Counties Public Health Laboratories, Victoria Street, London	14 (15)	531 (427)
Public Health Laboratory, County Hall, London	1 (1)	48 (21)
Public Health Laboratory, Cambridge.....	2 (2)	170 (210)
Public Health Laboratory. Ipswich	3 (3)	60 (73)
Public Health Laboratory, Southend	4 (4)	402 (380)
Public Health Laboratory, Chelmsford.....	10 (10)	250 (367)
Totals	*34 (35)	1,461 (1,478)

Note : Figures in parenthesis relate to 1958.

* One authority used two laboratories during the year, which accounts for this figure not corresponding with the one in the first sentence.

In accordance with the Ministry of Health's provisional grading schemes, samples continued to be examined by the Methylene Blue reduction test. The following table gives the results obtained throughout the year :—

Month	*Grading*				*Totals*
	I	II	III	IV	
January	37	—	—	1	38
February	48	—	—	—	48
March	49	1	—	—	50
April	104	6	1	4	115
May	115	8	5	3	131
June	171	25	14	13	223
July	156	48	20	13	237
August	123	33	28	8	192
September	124	39	8	14	185
October	82	8	4	2	96
November	65	7	1	—	73
December	64	6	1	2	73
Totals	1,138	181	82	60	1,461
Percentages	77.9	12.4	5.6	4.1	100

The table shows that more samples were taken in the summer than in the winter and that there was a higher proportion of Grades III and IV samples during the warmer months.

The results may be regarded as generally satisfactory. They were not, however, as good as the previous year and this may be because the summer of 1959 was particularly hot and dry.

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, this form of bacteriological test being more accurate than that generally used. Useful comparisons may be made from the results and a clearer picture obtained of the bacterial quality of the product than by the grading method alone.

PLATE COUNTS

Plate Count (per ml.)	*Grades*				*Samples per 100*
	I	II	III	IV	
0—	138 (13)	3	—	—	26.55
250—	156 (34)	12 (6)	1 (1)	—	31.80
1,000—	49 (20)	7 (7)	1 (1)	1 (1)	11.11
2,500—	20 (12)	12 (9)	5 (3)	1 (1)	7.15
5,000—	15 (7)	4 (4)	3 (3)	1 (1)	4.33
7,500—	6 (3)	2	4 (3)	1 (1)	2.44
10,000—	13 (4)	21 (17)	12 (12)	12 (12)	10.92
50,000—	2 (1)	5 (3)	3 (3)	4 (4)	2.64
100,000—	—	—	3 (2)	7 (7)	1.88
250,000—	—	—	2 (2)	5 (5)	1.31
	399 (94)	66 (46)	34 (29)	32 (32)	—

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

Grades I and II were generally satisfactory but far too high a proportion of such samples contain bacillus coli.

In addition to ice cream, 366 samples of ice-lollies were examined. There is no definite bacteriological standard for ice-lollies and, although they are a far less favourable medium for the growth of bacteria than ice cream, there is often found a remarkable variation of bacterial content (including organisms of excremental origin) in the products of some of the smaller manufacturers. The following table gives a summary of results obtained from examination of 182 such samples by the Counties Public Health Laboratories and shows the relationship between the pH of the lolly and the plate count at 37°C.

pH				*Plate Count per ml.*
0—3	3.1—4	4.1—5	5.1—	
22	38	6	11 (5)	0—100
—	9 (1)	3 (3)	25 (14)	101—500
—	—	2 (1)	12 (8)	501—1,000
—	—	1 (1)	22 (19)	1,001—5,000
—	—	1 (1)	7 (7)	5,001—10,000
—	—	8 (8)	14 (14)	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 1959 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 year a total of 803 samples of food and drugs were submitted to the Public Analyst and in addition 1,075 samples were analysed in the Weights and Measures Department's Laboratory in Chelmsford. Analysis of these samples showed that on the whole a high standard of quality is achieved which is reflected in the fact that the Analyst commented adversely on only 56 samples, of which 38 were milk.

Details of these unsatisfactory samples are now given :—

Milk

Thirty-eight samples of milk were found to be unsatisfactory. Twenty-eight of these were deficient in fat in quantities ranging from 2 to 36 per cent of the minimum quantity laid down in the Sale of Milk Regulations as proper to genuine milk, namely 3 per cent.

A sample of Channel Islands milk for which there is a special fat standard of 4 per cent just failed to meet this minimum requirement in that it contained only 3.90 per cent.

The remaining 9 unsatisfactory samples were found to contain added water in quantities ranging from 1 to 14 per cent.

In connection with the unsatisfactory samples 26 samples were taken on 'Appeal to Cow'. No less than 10 of these samples were found to contain less than 3 per cent of fat and thus exonerated the vendors of some of the fat deficient samples. Abnormality also complicated some of the milks which were found to

contain small amounts of added water. In each instance this abnormality was taken into consideration when calculating the proportion of added water.

Bread

A sample of bread was submitted for examination in order to identify the nature of the foreign matter which it contained. The sample consisted of three slices of white bread, one of the slices having a small brownish pellet and a smaller particle of similar matter embedded in it; while another slice had a slight stain in a corresponding position to the pellet in the first slice. The third slice also showed the presence of two specks of foreign matter.

Examination of these fragments of foreign matter showed that in each instance they consisted essentially of dirty dough. No evidence of mineral oil, or rodent excreta, was obtained.

Fish Paste (Salmon and Shrimp)

This fish paste was found to contain a small proportion of sulphur dioxide preservative amounting to 80 parts per million. No provision is made in the Public Health (Preservatives, etc. in Food) Regulations for the preservation of fish paste.

It is unusual to find sulphur dioxide preservative in fish paste and a careful search was therefore made of the constituents of the paste in the hopes of finding an ingredient which might legitimately contain preservatives. No such ingredient, however, was found.

Fruit Loaf

The samples consisted of part of a fruit loaf together with two foreign bodies which had been removed from the loaf.

Examination of these foreign bodies showed that they consisted of small stones each measuring approximately 1 cm in length. No further foreign bodies were found in the portion of loaf submitted for examination. It is possible that the stones were amongst the dried fruit used in the loaf.

Smoked Haddock Fillets

This sample was taken in order to determine whether the fish consisted of smoked haddock or whether alternatively it was some other form of fish which had been coloured with a yellow dye. The assistance of the inspectors of the Fishmongers' Company (who are the leading authorities in England on this matter) was sought, and they expressed the opinion that whilst some doubt existed as to the genuineness of one of the small fillets, nevertheless the bulk of the sample consisted of dyed coal fish. These fillets were subsequently examined for the presence of colouring matter and colouring in the form of tartrazine, a colour permitted by the Colouring Matter in Food Regulations 1957, was found to be present. This fish was part of a consignment to a hospital in the County.

Greengage Jam

The Food Standards (Preserves) Order 1953 requires that greengage jam shall contain a minimum of 38 per cent of fruit.

The three unsatisfactory samples were found to contain 28, 28 and 30 per cent, respectively, of fruit and were therefore deficient in fruit to the extent of 10, 10 and 8 per cent, respectively. In other respects the jams were found to be in accord with the requirements of the Preserves Order.

Subsequent inquiries in connection with these jams showed that in each instance the fruit had been sieved before making the jam and in all probability this operation would account for at least a part of the deficiencies referred to above.

Pork Luncheon Meat

A sample of pork luncheon meat, examined during the year, was found to contain only 74 per cent of meat, being therefore a little low in meat content but clearly some time must be allowed to elapse for existing stocks in the shops to be cleared before the new standard of 80 per cent recently agreed to by the Food Manufacturers' Association can be enforced vigorously.

Mint

A sample of dried chopped mint was found, on analysis, to consist not of pure mint but of a mixture of mint and approximately 20 per cent of chopped hazel leaves.

A number of different adulterants have been reported from time to time, the most well known, of course, being ailanthus leaves.

Dried Rubbed Parsley

This parsley, on examination, was found to contain :—

Sand and insoluble silicious matter ..... 4.2 per cent

The presence of sand and silicious matter in dried parsley is objectionable but it is extremely difficult to prepare dried parsley which is completely free from such adventitious matter.

In the Analyst's opinion the residual sand and silicious matter in dried parsley should not exceed 3 per cent and in reporting on this sample he expressed the view that the 4.2 per cent found to be present was therefore excessive.

Cream of Tomato Soup

In the opinion of the Analyst a soup sold under the description of 'Cream of Tomato Soup' should contain at least 3½ per cent of total fat unless at least 1½ per cent of the fat consists of butter fat.

One sample examined during the quarter was found to contain only 2.9 per cent of fat of which less than 0.3 per cent consisted of butter fat.

Beef Suet with Flour

The Food Standards (Suet) Order 1952 requires that beef suet with flour (shredded suet) shall contain at least 83 per cent of fat.

The unsatisfactory sample of this commodity was found to contain :—

Fat .... 78.8 per cent.

This sample was therefore deficient in fat to the extent of 5 per cent of the minimum quantity required by the above Order as proper to beef suet with flour.

Real Minced Turkey in Jelly

An opened jar of minced turkey from which the bulk of the contents had been removed was submitted in order to identify the nature of the piece of foreign material which was embedded in the remains of the minced turkey.

When removed from the remainder of the contents this foreign material was found to consist of a piece of thin black material measuring approximately

$\frac{3}{4}$in.×$\frac{1}{2}$in. After washing, this foreign material was found to consist of a piece of a feather.

Non-Alcoholic Port

This drink was sold in a bottle labelled 'Non-Alcoholic Port Flavour' but the word 'flavour' had been obscured by a price ticket. Analysis of this preparation showed that it consisted essentially of a coloured and flavoured solution of sugar. Further examination showed that it was non-alcoholic and contained no significant proportion of grape juice.

Cream of Tartar

Attention was drawn to this sample on account of its high lead content. Chemical examination showed that it contained :—

Lead .... 19 parts per million.

The British Pharmacopœia 1958 requires that cream of tartar should not contain more than 10 parts per million of lead.

Cheese Spread

Three samples of cheese spread with added constituents in the form of ham, mushrooms and shrimps were found to be unsatisfactory from a labelling aspect in that the label depicted the added constituent in a type heavier and more legible than the words 'Processed Cheese Spread'.

PROSECUTIONS

Proceedings were instituted in four instances, viz.:—

One in respect of the misdescribed fish where a fine of £30 0s. 0d. was imposed and costs of £51 3s. 5d. awarded to the County Council.

The remaining three were in respect of unsatisfactory milk samples where fines and costs totalling £31 7s. 0d. were imposed.

The rest of the unsatisfactory samples were dealt with by letters of caution and other forms of administrative action ".

WATER SUPPLIES AND SEWERAGE

The year's rainfall in the County, measured at Langford Waterworks, was only 17.87 inches (as compared with 31.98 inches in the previous year which filled the reservoirs to capacity), and a serious situation might have developed during the summer especially in the area of supply of the South Essex Waterworks Company with its particularly heavy demands. Restrictions were, however, imposed on the use of water and, with one or two localised exceptions, no serious shortages were experienced.

Arable farms and market gardens in the County were affected by the long dry season and it was not surprising that several applications were made to drink boreholes and wells for the abstraction of underground water.

In Essex, with its limited water resources and ever-growing population, the sufficiency of water supplies continues to be of vital importance.

Over the years some progress has been made as regards the re-groupings of water undertakings in the County, but it was not until 1959 that the first

two moves of any significance were made. One step forward was the Southend Water Order, 1959, whereby the small Water Undertaking of the Basildon Urban District Council at Langdon Hills was transferred to the Southend Water Company ; another was the passing of the Lee Valley Water Act, 1959, which not only incorporates the Lee Valley Water Company and transfers thereto a number of water undertakings in Hertfordshire together with the Herts and Essex Water Company, but will also bring into being the West Essex Water Area.

The only other part of the Administrative County in which there can be said to have been any definite progress towards the grouping of water undertakings is in the North-East where discussions are continuing.

It is now estimated that the population forecasts for 1971 may be reached by 1965. Even now the water supply in Central and South Essex has on occasions to be augmented by the addition of a bulk supply on a goodwill basis from the Metropolitan Water Board. Anxiety is felt concerning the possible shortage of water in this area during the period 1965-1970 and negotiations are taking place between the County Council, the statutory water undertakers concerned, the Metropolitan Water Board and the Ministry.

Regarding sewerage and sewage disposal, the Minister of Housing and Local Government has still not given his decision upon the setting up of the Middle Lee main drainage authority.

The future arrangements for the drainage of South Essex in the areas of Romford, Hornchurch, Dagenham and part of Brentwood are still under consideration.

Development restrictions continued in the drainage area of the overloaded sewage disposal works at Bocking. A scheme for new works has been prepared and forwarded to the Minister for approval. The Braintree sewage disposal works are also overloaded and difficulties of the same nature are being experienced elsewhere.

Rural Water Supplies and Sewerage Acts, 1944-1955

During the year under review, 21 schemes of water supply, sewerage and sewage disposal were submitted by County District Councils (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 to 1955. The necessary consultations were held and inspections made with the Consulting Engineers and officers of the local authorities concerned to ensure compliance with the provisions of the County Council's Grant Scheme.

The following schemes were approved and the Minister of Housing and Local Government undertook to make Exchequer contributions thereto :—

Rural District	*Scheme*		*Estimated Cost*
			£
Dunmow	Duck Street, Little Easton and Great Easton	Sewerage and extension to sewage works	73,171
	High Easter, White Roding and High Roding	Sewerage and sewage disposal	106,000
Halstead	Gosfield	Sewerage	43,012
	Hedingham and Great Yeldham	Sewerage and sewage disposal	220,600
Lexden and Winstree	Copford and Marks Tey	Sewerage and sewage disposal	116,340
Maldon	Goldhanger	Sewerage and sewage disposal	11,865
Saffron Walden	Quendon and Rickling	Sewerage and sewage disposal	16,500
	Manuden	Sewerage and sewage disposal	52,000
Tendring	Little Bromley	Water main extension	4,500
	Total		£643,988

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

Rural District	*Scheme*	
Dunmow	Duck Street and Little Easton	Sewerage and sewage disposal
	High Easter, High Roding and White Roding	,, ,,
Epping & Ongar	Fyfield	Water main extension
Halstead	Gosfield	Sewerage and sewage disposal
	Hedingham and Great Yeldham	,, ,,
Maldon	Goldhanger	,, ,,
Lexden &	Eight Ash Green	,, ,,
Winstree	Fordham	Water main extension
	Copford and Marks Tey	Sewerage and sewage disposal
	Tiptree	,, ,,
	Stanway (Council Road)	,, ,,
Saffron Walden	Newport	Water pumping plant
	Manuden	Sewerage and sewage disposal
	Quendon and Rickling	,, ,,
	Southern Area	,, ,,
Tendring	Ardleigh	Water main extension
	Little Bromley	,, ,, ,,

During the year, work was in progress on the following grant-aided sewerage and/or sewage disposal schemes :—

Dunmow Rural District	Great Eastern and Dunton Hill extensions to Upper Chelmer Valley Scheme
	High Roding, High Easter and White Roding
	Barnston, Bannister Green, Felstead, and Felstead Sewage Disposal Works
	Takeley and Little Hallingbury, Duck Street, Little Easton and extension of Great Eastern disposal works
Epping and Ongar Rural District	Blackmore and Doddinghurst Parts I and II
	Fyfield and Willingale
	Stapleford Abbots
Halstead Rural District	Hedingham and Yeldham
	Gosfield
Lexden and Winstree Rural District	Eight Ash Green
	Dedham (extensions)
Maldon Rural District	Goldhanger
Rochford Rural District	Barling Magna
	Hawkwell (White Hart Lane and Victor Gardens)
	Canewdon

The following were completed during the year :—

Upper Chelmer Valley
Barnston, Bannister Green, Felstead, Felstead sewage disposal works
Takeley and Little Hallingbury
Blackmore and Doddinghurst Part I
Southminster and Tollesbury
Barling Magna
White Hart Lane and Victor Gardens, Hawkwell

A number of grant-aided water supply schemes were also in progress during the year and the following, all extensions, were completed :—

Bulmer	Cross Roads to Prospect Place, and Griggs Farm to Lower Houses
Colne Engaine	Countess Cross—White Colne
Ridgewell	Bowles Farm to Tilbury Cross
Stambourne	Craigs End to Robin Hood End
Bures Hamlet	Railway Station to Cornish Houses, Colne Road
Sible Hedingham	Cut Maple to Southey Green and High Street to Gormansey Farm

Toppesfield	Gainsford End—Grays Farm
Langham	Ipswich Road, Chapel Road
Fingringhoe	Haye Lane
Layer-de-la-Haye	Lower End
Stanway	Maldon Road
Ugley	North Hall Road

Engineering Inspectors of the Ministry of Housing and Local Government hold enquiring investigations and progress inspections of schemes which are attended in each case by the County Health Inspector or his Assistant. The schemes concerned during 1959 were as follows :—

District	*Details*	*Date*
Tendring Rural District	Western area Sewerage Scheme	21. 1.59
Saffron Walden Rural District	Stansted Mountfitchet extension of Sewage Works	19. 2.59
Lexden and Winstree Rural District	Copford and Marks Tey Sewerage	5. 3.59
Basildon Urban District	Nevendon Road, Billericay	27. 5.59
Tendring Rural District and Clacton Urban District	Clacton and St. Osyth Sewerage and Sewage Disposal	28.10.59
Tendring Rural District	St. Osyth Sewerage and Sewage Disposal	10. 6.59
Braintree Rural District	London Road, Black Notley Sewerage Scheme	28.10.59
Saffron Walden Rural District	Ashdon Sewerage and Sewage Disposal	6.11.59
Chelmsford Rural District	Danbury South Parishes Sewerage and Sewage Disposal	25.11.59

The total estimated grants payable by the County Council to Rural District Councils in the County, for the financial year 1959-60, under the Local Government Act, 1958, Section 56(1), and the Rural Water Supplies and Sewerage Acts, 1944 to 1955, amounted to £61,000.

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

REFUSE DISPOSAL

The tendency of average domestic and trade refuse to become lighter and bulkier continues. There is less ash and clinker content, an increase in tins and cartons, etc., whilst paper content has increased considerably. Such changes can be attributed to the increasing effects of the Clean Air Act, 1956,

smokeless zones, and publicity associated therewith, one effect being more use of electricity and the changing living conditions of the population. This tendency will increase progressively for a number of years and the problems of refuse disposal, its control and consolidation, and the covering of deposited material are likely to become even more difficult.

Section 146 of the Essex County Council Act 1933 is applicable to a number of refuse dumps in the County. Many of these are very large and in total receive well over a million tons of refuse a year, the majority being from London. Such dumps are supervised by officers of the Department. The nature of the dumps calls for regular visits and 377 inspections were made during the year. It speaks well for their general maintenance that it was only found necessary to send four written warnings to offenders. The dumps are properly levelled at permitted heights, consolidated and covered. Fires are a rarity and rats are not harboured. In no instance was it necessary to recommend proceedings under the Act.

RURAL HOUSING

Housing activities in the rural areas may be assessed from an examination of Table VII on page 98, which contains information summarised from the returns of the rural authorities obtained in pursuance of the County Council's duty under Section 116 of the Housing Act, 1957 to have constant regard to housing conditions in each rural district within the County.

As regards the demolition and closure of unfit houses, most work was done in the areas of Braintree and Lexden and Winstree Rural District Councils. As in 1958, Halstead Rural District Council claimed the largest number of unfit houses rendered fit. Generally, the totals for the various categories of work done have decreased appreciably, but progress may still be regarded as satisfactory.

When comparisons are made with the Slum Clearance Returns for 1955, it is seen that 2,085 houses unfit for human habitation and incapable of being rendered fit for human habitation remain to be dealt with, of which as few as 31 are attributable to Lexden & Winstree Rural District Council, and as many as 580 to Braintree Rural District Council. Reference to the Slum Clearance Returns, however, show that the estimates of the period considered necessary by these two authorities to deal with such houses are 5 and 15 years respectively.

With the closure and demolition of the more seriously unfit houses, the repair and modernisation of those old dwellings which still have a useful life, and the erection of new houses, the standard of housing has steadily risen during recent years. Improvement grants, administered by the local housing authorities, are payable to private owners to assist in the rendering of houses fit for human habitation to modern standards, and the provision of housing accommodation by the conversion of buildings. Such grants are made under

the provisions of the Housing (Financial Provisions) Act, 1958, or the House Purchase and Housing Act, 1959, being discretionary in the first instance, and standard in the second. Details of the progress of the rural authorities within the County in this aspect of housing are shown in Table VIII on page 99, from which it will be seen that the activities of Chelmsford Rural District Council are outstanding. The largest sum expended in this way during 1959, viz. £171,435, has been by this authority and the smallest, viz. £27,265 by Tendring Rural District Council, whilst the grant total has risen from £584,245 at 31st December, 1958, to £714,245 at the end of 1959.

Table IX on page 100 gives particulars of house building activities during the year. Except in Saffron Walden and Tendring Rural Districts, the activities of private enterprise have remained steady, but there has been a general decrease in the building of houses by local authorities, Maldon and Tendring Rural Districts being exceptions. The Chelmsford Rural District again heads the list for Council building, and Rochford Rural District for private enterprise, both districts being subject to the greatest development.

ATMOSPHERIC POLLUTION

By arrangement with the Counties Public Health Laboratories, London, the County Council continued to provide laboratory facilities on a co-operative basis for those local authorities in Essex which participate in a planned scheme for setting up and maintaining atmospheric pollution recording stations as recommended by the Fuel Research Station at Greenwich. In this scheme 16 district councils now participate in one form or another and, during 1959, 492 samples were examined by the laboratories mentioned.

The Fuel Research Station at Greenwich collates the results from all recording stations and issues monthly Atmospheric Pollution Bulletins. Thus is built up a picture showing how the County is affected by the smoke drift from London, by other neighbouring areas, and by its own development.

The Clean Air Act, 1956, empowers local authorities to make Orders declaring areas of their districts to be Smoke Control Areas, such Orders being subject to confirmation by the Ministry of Housing and Local Government. Smoke Control areas now exist in the Dagenham, Basildon and Hornchurch areas.

ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT

Part IV of the Essex County Council Act, 1933, requires that no person shall, in a county district in which that part of the Act is in force, carry on an establishment for massage or special treatment without a licence permitting him to do so. During the year, 12 licences were granted and 84 were renewed to carry on establishments for massage or special treatment. Officers of the Department made 204 visits in connection with these establishments.

SECTION III—THE CARE OF MOTHERS AND YOUNG CHILDREN

Child Welfare Centres

At the end of 1959, the County Council provided a total of 249 child welfare centres, this being the same number as that for the previous year.

The following changes took place :—

New Centres opened :

Women's Institute Hall, Springfield Green
Keats House, Harlow
Breach Barns, Caravan Site, Waltham Abbey
Marks Gate Health Services Clinic, Chadwell Heath
Higham Hill and Priory Court, E.17
Child Welfare Centre, Wrabness

Centres discontinued :

Polish Hostel, Kelvedon
Child Welfare Clinic, 73 Purford Green, Harlow
Marks Gate Health Services Clinic, St. Marks Church Hall, Chadwell Heath.
Child Welfare Centre, St. John's Church Hall, E.17
Child Welfare Centre, Parkeston
Child Welfare Centre, Salcott

Distribution of Welfare Foods

It was found necessary to increase the number of distribution points operating during 1959 from 250 to 260 but there was no need to increase the number of the main stores.

The quantities of welfare foods distributed to beneficiaries during 1959 as compared with 1958 were :—

	1958	1959
Orange juice and Vitamin C, bottles	1,025,473	1,030,942
Vitamins A and D tablets, packets	91,682	95,614
Cod Liver Oil (Vitamins A and D), bottles	105,894	101,024
National Dried Milk, tins	521,986	511,117

It will be seen from these figures that there was, despite the fairly substantial increase in the total population of the Administrative County, a decrease of 4,870 in the number of bottles of Cod Liver Oil issued and of 10,869 tins of National Dried Milk. On the other hand, there were increases of 5,469 and 3,932 respectively in the number of bottles of orange juice and packets of Vitamins A and D tablets issued.

Medicaments and Nutriments

The arrangements which have been in operation for a number of years, whereby, on the recommendation of a medical officer, approved medicaments, free of charge, and nutriments at reduced prices, are made available to mothers and children at Child Welfare Centres, were continued during the year under review.

Dental Inspection and Treatment

The report of the Chief Dental Officer on the work of the County Dental Service appears on page 85. Dental treatment provided for expectant and nursing mothers and young children during the years 1958 and 1959 was as follows :—

	Expectant and Nursing Mothers		*Children under five years of age*	
	1958	1959	1958	1959
(a) Numbers provided with dental care :—				
Examined	1,557	1,487	2,764	2,424
Needing treatment	1,422	1,336	2,300	2,026
Treated	1,564	1,360	2,321	2,029
Made dentally fit	1,048	890	1,769	1,432
(b) Forms of dental treatment provided :—				
Extractions	2,240	1,788	2,176	1,672
Anæsthetics :—				
Local	858	809	113	99
General	521	283	1,162	782
Fillings	2,175	1,842	2,548	2,354
Scalings and gum treatment	611	599	19	48
Silver Nitrate treatment	27	26	1,046	1,051
Dressings	656	653	650	716
Radiographs	62	54	3	2
Dentures provided :—				
Fuller upper or lower	153	116	—	—
Partial upper or lower	201	154	—	—
Crowns and Inlays	11	11	—	—

Detection and Treatment of Phenylpyruvic Oligophrenia

The experimental scheme for the detection and treatment of phenylpyruvic oligophrenia, which commenced in one Health Area in 1958, was extended to the whole County during the year.

Day Nurseries

There was no actual change in the number of day nurseries during 1959 although arrangements were approved whereby the Kingsley Hall Day Nursery, Dagenham, would, as an experiment, become an assessment centre for handicapped children under school age. A proposal to provide a purpose-built day nursery in Basildon New Town has been approved in principle.

At the end of the year, the 20 day nurseries were providing 966 approved places for children. Of these nurseries, 15 were approved for the training of nursery students.

Children continued to be admitted under the following categories of priority of admission :—

Priority I	.....	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.
Priority II	.....	Admissions recommended by Area Medical Officers, including cases arising from socio-economic circumstances, irrespective of whether the mothers are in employment.
Priority III	.....	Admissions due to illness of either parent, including confinement of mother or emergency.
Priority IV	.....	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.

Daily Guardians Scheme

Details concerning the number of daily guardians registered and the number of children being cared for at the end of 1959 were as follows :—

Health Area	*Daily Guardians*	*Children being cared for*
Forest	3 (3)	2 (2)
Dagenham	152 (129)	73 (78)
Walthamstow	20 (20)	3 (5)
	175 (152)	78 (85)

Note: The figures in parenthesis relate to 1958

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 and the number of children for whom provision was made at the end of 1959, together with comparable figures for 1958 are shown in the following table :—

Health Area	Nurseries				Child Minders			
	Number Registered		Number of Children provided for		Number Registered		Number of Children provided for	
	1958	1959	1958	1959	1958	1959	1958	1959
North-East Essex	4	4	91	91	3	3	14	14
Mid-Essex	1	1	6	6	—	1	—	8
South-East Essex	3	3	20	20	1	1	3	3
South Essex	8	7	166	166	8	9	31	33
Forest	12	14	217	316	15	17	65	80
Romford	1	1	12	12	2	2	20	20
Barking	—	—	—	—	—	—	—	—
Dagenham	—	—	—	—	3	3	22	22
Ilford	12	7	180	158	—	4	—	24
Leyton	—	—	—	—	—	1	—	3
Walthamstow	1	1	16	16	—	—	—	—
Total	42	38	708	785	32	41	155	207

Convalescent Facilities

During the year recuperative holidays were provided for 28 mothers and 60 children.

CHILDREN ACT 1948

Residential Establishments

Routine visits of inspection were made to the four residential nurseries in the Administrative County in the company of the Children's Officer.

Boarded-out Children

During the year, 1,013 children were examined under arrangements made for the examination of boarded-out children and, of this total, 196 were found to require treatment or observation. In each case the Area Medical Officer was informed of the findings.

The majority of these examinations were undertaken by general medical practitioners although some examinations were undertaken at County Health Services Clinics by Assistant County Medical Officers.

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

MIDWIFERY SERVICE

In 1959, 281 members of the County Council's domiciliary midwifery staff notified their intention to practise. These midwives attended 10,736 deliveries, no doctor being present in 9,237 cases. In addition, they attended 4,865 mothers on discharge from hospital and before the fourteenth day.

The total number of births notified under Section 203 of the Public Health Act 1936 during 1959 was 28,928 and of these 61.8 per cent occurred in hospital. The percentage of hospital confinements in each Health Area was as follows :—

North-East Essex	69.4
Mid-Essex	64.8
South-East Essex	48.2
South Essex	56.0
Forest	59.3
Romford	54.4
Barking	73.2
Dagenham	62.7
Ilford	73.3
Leyton	79.8
Walthamstow	73.3

It was again extremely difficult to retain an adequate domiciliary midwifery staff during 1959 but every possible effort was made to fill vacancies as soon as they occurred.

No night rota system was in operation during the year under review for midwives employed by the County Council but arrangements whereby they worked in pairs or in groups appeared to be satisfactory. In some Health Areas where a part-time midwife was available, arrangements were made for her to relieve a busy midwife of her morning calls following a disturbed night.

Analgesia

Of all the women who were confined in their own homes during 1959, 82 per cent received inhalational analgesia, this being an increase of 2 per cent over the total for the previous year and exactly the same as that for 1957.

Ante-Natal and Post-Natal Clinics

The following table shows the number of attendances at Ante-Natal and Post-Natal Clinics :—

	Number of women in attendance		Total number of attendances during the year	
	Number of women who attended during the year	Number of new cases included in previous column	Medical Officers' sessions	Midwives' sessions *
For ante-natal examination	13,686	10,755	42,490	30,303
For post-natal examination	3,231	3,176	3,864	—

* i.e. where no medical officer was present

Puerperal Pyrexia

There was unfortunately an increase in the number of notifications of puerperal pyrexia during the year ; the total being 459 as compared with 354 in 1958. Only 45 of these notifications, however, were in respect of domiciliary confinements.

Ophthalmia Neonatorum

During 1959, 20 cases of ophthalmia neonatorum were notified, this being an increase of two over the number notified during the previous year. So far as is known no impairment of vision resulted in any of the cases. It is interesting to note that, of the twenty cases, none occurred in the more rural Health Areas and that eleven were in the Barking Health Area, this being the same number as in 1958.

Maternal Deaths

During 1959, eight deaths occurred which were ascribed to pregnancy, childbirth or abortion. This was a reduction of two on the previous year's figure and represented a maternal death rate of 0.27 per 1,000 live births, compared with a rate of 0.38 for England and Wales. Of these eight deaths, two were caused by abortion and in neither case had any previous approach been made either to a general practitioner or to the County Council's services. The remaining deaths were caused by eclampsia, subarachnoid haemorrhage, staphylococcal enteritis, renal failure due to post-partum haemorrhage, ruptured ectopic pregnancy and ante-partum haemorrhage.

Care of Unmarried Mothers and their Babies

The Chelmsford Diocesan Moral Welfare Association continued to be responsible, on an agency basis, for the care of unmarried mothers and their babies and, during the year, 310 girls and women were admitted to their hostels, an increase of 31 over the previous year. The average stay in the hostels of each mother was six weeks prior to confinement and five weeks after confinement.

Training of Pupil Midwives

120 pupil midwives were trained during the year at the respective Training

Homes whilst arrangements made with various Hospital Management Committees to enable pupils to receive their district training were extended whenever possible.

HOME NURSING SERVICE

Examination of the detailed statistics relating to the Home Nursing Service suggests that, despite the increase of population, there is a tendency for the number of cases treated and the number of visits paid to fall. During 1959, home nurses treated 26,145 cases, which was 683 less than in 1958. The total number of visits paid during the year (638,751) was 11,857 less than in the previous year. Whilst this latter reduction appears to point to the more rapid recovery of patients following treatment with modern drugs, it is difficult to understand the reason for the extent of the reduction having regard to the increasing number of elderly and infirm patients in the community.

The following table shows the number of cases treated, and the visits paid, according to category during the two years 1958 and 1959 :—

	No. of Cases attended by Home Nurses during—		*No. of Visits paid by Home Nurses during—*	
Category of Case	1958	1959	1958	1959
Medical	20,024	18,192	490,841	467,494
Surgical	5,200	6,247	127,723	136,524
Infectious Disease	207	176	2,539	2,050
Tuberculosis	392	387	19,367	20,374
Maternal Complications	419	484	3,406	3,737
Others	586	659	6,632	8,572
Totals	26,828	26,145	650,508	638,751

Training Homes

During 1959, 37 nurses completed a course of Queen's district training at the County Council's Training Homes and, of these, 9 were trained under arrangements made with other local health authorities.

HEALTH VISITING

During 1959, a total of 340,941 visits were made by Health Visitors, an increase of 15,072 over those paid in 1958. Of that total 42,635 visits had to be classified as being ineffective for various reasons. The other visits were made to the following categories of patients :—

Expectant Mothers	9,047
Children under one year of age	105,942
Children aged 1 and under 2 years	49,980
Children aged 2 and under 5 years	85,884
Tuberculous households	5,385
Other cases	42,068

In addition to this work, health visitors attended 21,111 clinic sessions.

As in previous years, over 70 per cent of all home visits made by health visitors were to the homes of children under the age of five years. Although it is shown by the figures given above that the child under one year of age received the most attention from health visitors, the detailed statistics available indicate that all children over the age of one and under five are visited at least once a year.

At the end of the year under review there were 237 full-time and 44 part-time health visitors, tuberculosis visitors and school nurses employed as compared with 238 and 45 respectively at the end of 1958. Of these, 21 were tuberculosis visitors, 49 were school nurses employed solely within the School Health Service, whilst the remainder were health visitors of whom the majority carried out the combined duties of health visitor and school nurse.

Nine student health visitors completed their training at the Health Visitors' Training Course held during 1959 at the South-East Essex Technical College, Dagenham and were appointed to the County Council's staff as health visitors.

The health visitors undertook 42,068 effective visits to the homes of patients classified as "other cases," this being an increase of approximately 9,000 over the visits made in 1958. This appears to illustrate the trend of increased care being required for the elderly and infirm residing in their own homes. In this connection, the health visitors continued to give valuable assistance to hospitals by providing home condition reports in cases where hospital admission was being considered or had been recommended, and by advising hospitals regarding facilities at the homes of patients being considered for discharge.

SECTION V—PREVENTIVE MEDICINE, CARE AND AFTER-CARE

TUBERCULOSIS

Notifications

During 1959, the number of primary notifications of tuberculosis received was 707 as compared with 848 in 1958 ; 965 in 1957 ; 960 in 1956 ; 972 in 1955 and 1,175 in 1954.

Details of the notifications of respiratory and non-respiratory tuberculosis in 1959 are given in the following table :—

	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)
pira-ry	M	1	2	1	8	10	25	27	75	72	77	53	50	7	408
	F	—	1	4	8	5	21	53	47	41	24	19	12	3	238
on-pira-ry	M	—	1	2	3	3	3	1	6	5	3	1	2	—	30
	F	—	1	—	2	7	4	1	8	3	1	2	1	1	31

Notifications other than by formal notifications were :—

Source of information	Age Period	Sex	Under 1 year	1–15 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	1	5	6	2	15
		F	—	—	—	—	—	—	1	—	—	—	1
	Non-Respiratory	M	—	—	1	—	—	—	—	—	—	—	1
		F	—	—	—	—	—	—	—	1	1	—	2
Death returns from Registrar General (Transferable deaths)	Respiratory	M	—	—	—	—	1	1	—	1	—	3	6
		F	—	—	1	—	—	1	—	—	—	—	2
	Non-Respiratory	M	—	—	—	—	—	—	—	—	1	—	1
		F	—	—	—	—	—	1	—	—	—	—	1
Posthumous Notifications	Respiratory	M	1	—	—	—	1	—	—	—	2	—	4
		F	—	—	—	—	—	—	—	—	1	—	1
	Non-Respiratory	M	—	—	—	—	—	—	—	—	1	—	1
		F	—	—	—	—	—	—	—	—	—	—	—

Notification and Death Rates

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

	Respiratory Tuberculosis				*Non-Respiratory Tuberculosis*				*Tuberculosis (all forms)*			
	Notifications		*Deaths*		*Notifications*		*Deaths*		*Notifications*		*Deaths*	
	No.	*Rate**	*No.*	*Rate**	*No.*	*Rate**	*No.*	*Rate**	*No.*	*Rate**	*No.*	*Rate**
1920-24	4,904	1.07	3,212	0.70	1,322	0.29	789	0.17	6,226	1.36	4,001	0.87
1925-29	5,626	1.09	3,376	0.65	1,853	0.36	704	0.14	7,479	1.45	4,080	0.79
1930-34	6,005	0.97	3,498	0.57	2,122	0.34	705	0.11	8,127	1.32	4,203	0.68
1935-39	5,521	0.81	3,015	0.44	1,783	0.26	577	0.08	7,304	1.07	3,592	0.53
1940-44	6,507	1.02	3,081	0.48	1,859	0.29	592	0.09	8,366	1.31	3,673	0.58
1945-49	6,952	0.95	2,674	0.37	1,381	0.19	404	0.06	8,333	1.14	3,078	0.42
1949-54	6,293	0.77	1,448	0.18	879	0.11	174	0.02	7,172	0.88	1,622	0.20
1955-59	3,915	0.45	630	0.07	537	0.06	80	0.01	4,452	0.51	710	0.08
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	746	0.42	124	0.07	102	0.06	14	0.01	848	0.48	138	0.08
1959	646	0.36	106	0.06	61	0.03	8	0.00	707	0.39	114	0.06

* Rate per 1,000 population

Domiciliary Visits

Health Visitors and Tuberculosis Visitors continued to share the task of visiting tuberculous patients in their own homes in order to give their advice and guidance, and the closest possible co-operation was maintained with the Chest Physicians. Tuberculosis Visitors attended Chest Clinic sessions regularly whilst health visitors visited the clinics at intervals in order to discuss with the Chest Physicians the needs of their patients.

Summary of work carried out by Health Visitors/Tuberculosis Visitors during 1959

Health Area	*No. tuberculous households at 31.12.59*	*Visits to Households*		*Sessions attended at Chest Clinic*	
		Tuberculosis Visitors	*Health Visitors*	*Tuberculosis Visitors*	*Health Visitors*
North-East Essex	778	68	801	186	58
Mid-Essex	964	—	2,428	—	408
South-East Essex	965	—	1,225	—	254
South Essex	2,275	6,582	609	710	60
Forest	2,061	2,939	256	711	48
Romford	1,128	3,379	—	276	—
Barking	563	2,777	—	307	—
Dagenham	7,734	3,352	6	326	—
Ilford	1,434	2,592	59	538	—
Leyton	719	2,268	—	357	—
Walthamstow	1,026	1,153	1	780	—
Total	19,647	25,110	5,385	4,191	828

The total number of patients on the Chest Clinic registers at the end of 1959 was 13,502, compared with 13,460 at the end of 1958.

Follow-up of Contacts

During 1959, there were 646 cases of respiratory tuberculosis notified, this being a decrease of exactly 100 over the figure for 1958. Contacts examined for the first time numbered 4,110.

Open-Air Shelters

At the end of 1959, there was a further reduction in the number of

open-air shelters provided for persons suffering from tuberculosis. The total of 16 shelters then in use was three less than the number being used at the end of the previous year. The tendency now appears to be for the long-standing chronic case to retain the shelter, whilst the newly-notified case recovers so much more quickly that the need for a shelter does not arise.

B.C.G. Vaccination

During 1959, 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 but, as would be expected from the decrease in the number of notifications of tuberculosis, there was a decrease in the number of contacts who were skin-tested.

Details of the work undertaken are as follows :—

	1958	1959
Number of contacts skin-tested	3,573	2,998
Number of contacts found negative	2,184	2,260
Number of contacts vaccinated	1,930	1,924

The scheme for the B.C.G. vaccination of children in the 13-year-old group which commenced in 1954 was extended during 1959 to include the following additional groups :—

(i) children of 14 years of age and upwards who are still at school and also students attending universities, teacher training colleges, technical colleges or other establishments of further education ; and

(ii) whole school classes even though a few of the children are under 13 years of age.

During the year under review, arrangements were in operation whereby freeze-dried B.C.G. vaccine was used on an experimental basis in two Health Areas, liquid vaccine being used in the other nine. The result will be useful in deciding which form of the vaccine can be used with the greatest advantage.

Occupational Therapy for the Tuberculous

Arrangements continued during 1959 whereby patients suffering from tuberculosis were provided with occupational therapy by :

(a) the employment of a full-time Occupational Therapist in the Romford, Barking, Dagenham and Ilford Health Areas and in parts of the South Essex and Forest Health Areas ;

(b) an agency arrangement with the British Red Cross Society, the County Council making a grant to that Society on the basis of an initial payment of 10s. 0d. for each patient with an additional payment of 10s. 0d. for each visit.

At the end of the year, 57 patients were making use of the facilities for occupational therapy ; 58 new patients were visited during 1959.

Extra Nourishment

The scheme for the provision of one pint of milk a day, free of charge, to those tuberculous patients recommended by Chest Physicians for this form of extra nourishment continued and, at the end of the year, 1,446 patients were receiving milk. This was a decrease of 108 on the figure for the previous year.

Rehabilitation

Three new patients, for whose maintenance the County Council accepted financial responsibility, were undergoing rehabilitation at Papworth Village Settlement, Cambridge, during 1959. In all, at the end of the year, seven patients normally resident in Essex were being maintained at Papworth or at the British Legion Settlement, Preston Hall, Maidstone.

Mass Miniature Radiography

During 1959, three mobile mass radiography units of the North-East Metropolitan Regional Hospital Board covered that part of the Administrative County which lies within the Board's catchment area and in all, they visited 88 sites. The total number of persons x-rayed was 84,571 (51,687 males and 32,884 females).

The units, as in previous years, held sessions for the general public, schools, hospitals and factory staffs and the proportion of persons examined who were found to be suffering from active tuberculosis was 0.99 per thousand.

Books for Tuberculous Patients

As in previous years, arrangements were in operation during 1959 whereby patients suffering from tuberculosis and residing in their own homes were able to borrow books from the Hospital Library Service set up by the Joint Committee of the British Red Cross Society and the Order of St. John of Jerusalem. The County Council made a grant to the Joint Committee of five shillings for each patient to whom books were lent and during the year 19 patients borrowed 828 books.

Tuberculosis Care Associations

The County Council made grants amounting to £6,701 to 18 Voluntary Tuberculosis Care Associations which cover the whole of the Administrative County. The total income of the Associations was £13,621. During the year a separate Tuberculosis Care Association was set up to cover the Wanstead and Woodford area which had previously been catered for by the Leyton, Wanstead and Woodford Tuberculosis Association.

The Council's contribution to the Associations was again calculated on the basis of £2 per 1,000 population served, up to £25 for petty cash disburse-

ments (mainly postages) and a proportion of an allocation of £2,800 made available by the Licensing of Places of Public Entertainment Committee from the Sunday Cinema Fund.

The total expenditure of the Associations during the twelve months ended 30th November, 1959, was £12,361 as compared with a total of £13,158 in the previous year. It is interesting to recall that the total expenditure of the Associations during the year ended 30th November, 1957, was £14,246 and this appears to suggest that their expenditure is following very closely the trend of the decrease in annual notifications of tuberculosis.

The following table gives an indication as to the way this money was used in helping tuberculous patients and their families :—

	£
Milk and groceries	7,605
Fuel	446
Fares	659
Clothing, furniture, etc.	631
Holidays, outings, etc.	374
Diversional therapy	20
Other grants	1,068
Special efforts	952
Printing, postages, etc.	606

OTHER ILLNESSES

Recuperative Convalescence

The arrangements made under Section 28 of the National Health Service Act 1946 whereby patients recovering from illness who are not considered to be in need of further medical or nursing attention may be granted two or three week's recuperative holiday at suitable convalescent homes were continued during the year. A total of 725 patients were provided with these recuperative holidays. The standard charge made by the County Council was £3 18s. 2d. a week, but this was subject to a reduction in necessitous cases. Travel vouchers were provided where it was considered that the payment of the fares would cause hardship.

Loan of Sick Room Equipment

During 1959 the Council's scheme for the loan of items of sickroom equipment continued.

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.

During the year under review, arrangements were approved by the Council for the provision of fireguards on loan to families having one or more children under the age of 12 years, to the elderly and to handicapped persons.

INFECTIOUS DISEASES

The total number of cases of infectious diseases during 1959 was 37,107 as compared with 14,910 in 1958 and 35,065 in 1957. Details will be found in Table X on page 101 of this Report.

PUBLIC HEALTH (AIRCRAFT) REGULATIONS 1952 AND 1954

The County Council are, in accordance with the requirements of the Public Health (Aircraft) Regulations 1952 and 1954, responsible for the maintenance of certain health control measures at Stansted Airport. The arrangements whereby Assistant County Medical Officers undertake stand-by duty on a rota basis to carry out routine health control at the Airport continued satisfactorily throughout the year.

VACCINATION AND IMMUNISATION

Smallpox

There were no notifications of smallpox during 1959. Details of vaccinations and re-vaccinations against the disease are shown in the following table :—

Age at date of vaccination	*Under 1 year*	*1-2 years*	*2-4 years*	*5-14 years*	*15 years and over*	*Total*
Number vaccinated	14,946 (14,262)	1,231 (1,031)	819 (861)	1,096 (1,211)	1,559 (1,455)	19,651 (18,820)
Number re-vaccinated	18 (10)	22 (12)	326 (138)	532 (585)	3,786 (3,784)	4,684 (4,529)

Note : Figures in parenthesis relate to 1958

Information concerning primary vaccinations and re-vaccinations carried out in the Health Areas in 1959 is set out below, along with the infant acceptance rate and re-vaccinations completed per thousand population.

Health Area	Number vaccinated	Number re-vaccinated	Infant Acceptance Rate		Re-vaccinations per 1,000 population
			1954-58	1959	
North-East Essex	1,943	506	45.9	56.9	2.6
Mid-Essex	2,654	780	49.2	56.1	3.4
South-East Essex	2,355	266	43.8	52.3	1.6
South Essex	3,809	856	46.5	57.0	3.1
Forest	3,184	727	52.3	57.8	2.9
Romford	918	331	29.6	26.7	2.9
Barking	267	111	20.7	11.8	1.5
Dagenham	1,278	219	37.9	63.0	1.9
Ilford	1,540	552	46.8	46.0	3.1
Leyton	904	94	44.9	64.3	1.0
Walthamstow	799	242	43.7	44.2	2.1
Administrative County	19,651	4,684	44.4	51.9	2.6

Poliomyelitis

Although there was no extension during 1959 of the categories entitled to vaccination against poliomyelitis, considerable difficulties were experienced during one period in obtaining sufficient vaccine to meet the demand for vaccination. During the first three months of 1959 the acceptance rate for vaccination was low, particularly in the new group of persons under the age of 26 years. Then following the unfortunate death of an international football player there was a quite unprecedented rise in the number of requests for vaccination.

The following figures give some indication of the amount of work undertaken in this particular field during the year :—

Two injections for vaccination against poliomyelitis given to :—

(a)	Children under one year of age	5,356
(b)	Children aged 1-4 years	31,804
(c)	Children aged 5-14 years	58,477
(d)	Persons aged 15 years and over	93,685
(e)	Total persons vaccinated	189,322
(f)	Of this total the number of persons vaccinated by County Council medical staff	70,032

In addition during the year 262,117 persons received third injections, of which, 121,933 were given by the Council's medical officers.

Diphtheria

The following gives details of the number of children, by age group, who at the end of the year had been immunised against diphtheria, and of the "immunity index" which is calculated by dividing the number of children protected either by primary or reinforcing dose in the period 1955-59 inclusive by the estimated population figure. It will be seen from the table that no less than 151,402 children had not, at the end of the year, received the reinforcing doses which they required in order to maintain their immunity.

Age on 31.12.1959 (*i.e. born in year*)	*Under 1 year* (1959)	*1—4 years* (1955-58)	*5—9 years* (1950-54)	*10—14 years* (1945-49)	*Under 15 years Total*
A. No. of children whose last course (primary or "booster"), was completed in the period 1955-59	5,950	73,889	63,863	26,861	170,563
B. No. of children whose last course (primary or "booster"), was completed in the period 1954 or earlier	—	—	49,471	101,931	151,402
C. Estimated mid-year child population	28,300	111,300	290,700		430,300
Immunity Index	21.0	66.4	31.2		39.6

Whooping Cough

Immunisation against whooping cough was carried out during the year by general medical practitioners, to whom the required vaccine was provided free of charge, and by the County Council's medical staff. Under these arrangements 15,366 children were immunised, this being 608 more than in the previous year.

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

Children aged				*Total (all ages)*
Under 6 months	*6—12 months*	*1—4 years*	*5 years and over*	
5,660	7,648	1,836	222	15,366

Over and above these primary inoculations, 1,148 children received reinforcing injections.

Quite a number of general medical practitioners practising in the County favour the use of combined diphtheria/pertussis vaccine and in all 7,322 children were immunised with this vaccine. The following shows details concerning these immunisations :—

Children aged				
Under 6 months	*6—12 months*	*1—4 years*	*5 years and over*	*Total (all ages)*
1,809	3,846	1,388	279	7,322

General medical practitioners also gave reinforcing injections with combined vaccine to 1,405 children.

ESSEX EPIDEMIOLOGICAL COMMITTEE

The Essex Epidemiological Committee did not meet during 1959 and there was no change in the membership.

VENEREAL DISEASE

The returns submitted from Special Clinics in respect of the patients attending during 1959 show that there were 67 new cases of syphilis and 357 new cases of gonorrhœa. These figures indicate a reduction of 40 new cases of syphilis but an increase of 90 new cases of gonorrhœa.

The following shows the cases notified during the last five years :—

	1955	1956	1957	1958	1959
Syphilis	**74**	86	**104**	**107**	**67**
Gonorrhœa	190	211	236	267	357

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

Place of Diagnosis	*Syphilis*	*Gonorrhœa*	*Other Conditions*
Essex	32	123	913
London	23	189	931
Elsewhere	12	45	328

The tracing of contacts is carried out partly by social workers attached to the clinics and, especially in the rural areas, partly by Superintendent Health Visitors.

HEALTH EDUCATION

During the year an increasing amount of health education work was carried out. The functions of the local health authority as regards the promotion of health and the prevention of illness were explained in detail in my annual report for 1958.

Some indication of the amount of work undertaken during the year may be gathered from the following information.

Lectures

The demand for lectures on health subjects continued to increase and during the year a total of 4,254 were given. These were given to :—

Youth Groups	160
Schools	715
Adult groups	389
Clinics	2,990

It has been estimated that some 49,320 persons attended the lectures which were usually supported by appropriate visual aids. Invariably the opportunity is given after the lectures for questions to be raised by the audiences and for general discussion to take place.

Film Shows

As was explained in the Report for 1958, a central film library has been established for some years and new films are added after preview by a selected panel of staff from the department. These films are made available on loan and, where necessary, a projector is also made available along with the services of an experienced projectionist.

During the year under review, 381 film shows were arranged when 778 films were shown to various types of audiences.

In addition to the films which have been purchased by the Council, arrangements have been made whereby other films can be obtained on period loan.

Film Strips

Similarly a central film strip library has been established and in all 78 film strips (including 9 sound film strips) are held in the department.

Major Health Exhibitions

As part of the extending health education programme a major exhibit was staged at the Essex Agricultural Show which was held on the permanent

site at Great Leighs in June, 1959. The general theme of the exhibit concerned :—

1. Diphtheria and whooping cough immunisation
2. Dental Health
3. Clean Food
4. Foot Health
5. Prevention of Tuberculosis
6. Essex Water Supply

In addition to these displays the County Ambulance Service used part of the main site for the display of a new ambulance ; the National Blood Transfusion Service put on an exhibit and the Mass Radiography Unit offered x-ray facilities to all persons over the age of fourteen years.

Throughout the period of the show, hourly film shows were given in the main marquee which housed the exhibits. These shows which covered a variety of health education topics were well patronised by the visiting public.

Campaigns

Health Areas arranged, with appropriate support from the Central Office staff, campaigns designed to attract the attention of the public (particularly parents) to the following subjects : poliomyelitis vaccination, diphtheria immunisation, home safety, dental hygiene, foot health, clean food, anti-smoking, fresh air and holiday safety.

Cancer Education

The pilot campaign which was referred to in detail in my annual report for 1957 was continued in the Mid-Essex Health Area during 1959. The general response to the campaign cannot be said to be encouraging.

Dental Health Education

Approval in principle was given during the year to the promotion of a dental health education campaign in Harlow New Town over the next five years. The co-operation of the General Dental Council and the Ministry of Health in this campaign has been promised and arrangements were made for it to start early in 1960.

Royal Society for the Prevention of Accidents

The Council made a grant during 1959 of fifty guineas to the Royal Society for the Prevention of Accidents. In return, the Society provided regular information bulletins on accident prevention and specimen campaign guides were again available.

Home Safety

Annual grants were also made by the County Council to Home Safety Committees established in various parts of the Administrative County.

Supply of Health Education Literature

During 1959, 2,700 copies of the magazine "Better Health" were distributed each month to schools, libraries, newspapers and Health Services Clinics throughout the County. The opportunity was taken to include in each issue an insert comprised of items of particular local interest to residents in Essex.

In addition, health education literature was made available to the public on all possible occasions.

Health Teaching in Training Centres

The opportunity was taken during the year to show specially selected films in Training Centres maintained by the Council. The staffs of the Centres agreed that the children enjoyed the shows and that they appeared to benefit from them.

Health Education in Schools

Perhaps the most satisfactory aspect of the extension of the Health Education programme during 1959 was the increased demand from Head Teachers for the promotion of various exhibits in the schools. In the past the main subjects taught were parentcraft and personal hygiene. Whilst these most important subjects were still covered, requests were made on a rapidly increasing scale for School Health Weeks on the subject of "Dental Health" and "Foot Health."

DOMESTIC HELP SERVICE

An indication of the development of this service is given in the following table which shows the numbers of whole-time, part-time and casual helps employed within the service at the end of successive years.

Category	1954	1955	1956	1957	1958	1959
Whole-time helps	62	45	36	29	25	21
Regular part-time helps	953	1,005	1,023	1,080	1,327	1,406
Other helps (casual)	962	1,087	1,224	1,225	1,154	1,145
Total	1,977	2,137	2,283	2,334	2,506	2,572
Total working on 31st December,	1,615	1,798	1,926	2,013	2,172	2,293

It will be seen from the table above that the policy of employing part-time or casual helps rather than full-time staff was continued.

The number of new cases requiring help during the year amounted to 7,788 as compared with 7,094 in 1958. The total number of cases helped during the year was 14,369 this being an increase of 1,245 over the figure for 1958.

The following tables give detailed information (classified by categories) regarding :—

(a) the new cases requiring help during the years 1955 to 1959 inclusive ; and

(b) the total number of cases and hours of help provided during the same period.

New Cases

Category	1955	1956	1957	1958	1959
Maternity	1,981	2,146	2,000	2,101	2,121
Acute sick	879	803	815	810	828
Tuberculosis	154	113	121	113	98
Chronic sick - aged	2,476	2,731	2,650	3,043	3,571
Chronic sick-others	609	734	644	696	753
Aged non-sick	280	277	210	176	187
Others	256	115	139	155	230
Total new cases	6,635	6,919	6,579	7,094	7,788

Total Number of Cases and Hours of Help Provided

Category	1955		1956		1957		1958		1959	
	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 —	2,044	137,241	2,219	141,478	2,079	125,485	2,189	122,641	2,192	112,264
Acute sick —	971	57,831	923	50,822	916	49,320	969	46,979	945	44,917
Tuberculosis —	317	78,478	300	73,036	294	59,753	260	54,561	235	47,203
Chronic sick—Aged —	5,498	998,156	6,564	1,126,383	6,687	1,210,276	7,543	1,313,158	8,570	1,500,102
Chronic sick—Others —	1,204	238,830	1,432	267,834	1,360	254,724	1,419	272,369	1,608	297,022
Aged non-sick	728	108,842	694	104,333	613	98,234	535	82,154	526	80,582
Others	372	60,980	159	20,830	177	25,516	209	38,653	293	42,643
All cases —	11,134	1,680,358	12,291	1,784,716	12,126	1,823,308	13,124	1,930,515	14,369	2,124,733

The last table indicates that there was a further fall in the number of hours of help provided for tuberculosis, maternity, acute sick and aged non-sick

cases. On the other hand, the hours of help given to persons in the category chronic sick (aged) reached a new peak of 1,500,102 hours.

In order to ensure that all cases receive the correct amount of help, the Area Domestic Help Organisers undertake regular visiting. Because of the increasing demands for domestic help it was found necessary during the year to appoint three additional Organisers bringing the total to 22. In 1959, the number of visits paid by the Area Organisers (who themselves receive help and guidance from the County Domestic Help Organiser) was :—

First visits	9,519
Subsequent visits	21,182
Other visits	6,634
	37,335

Three training courses for domestic helps were held during the year. All were held in Chelmsford and 36 domestic helps attended.

Since these training courses were commenced, 21 courses have been held and gradually the nucleus of trained helps is being extended. In this connection, whilst all domestic helps employed within the service are eligible to attend a training course, the main criterion adopted in the selection of suitable " students " is that only those helps who have been employed for a reasonable time and who are considered likely to remain in the employment of the Council are considered.

NIGHT ATTENDANCE SERVICE

Mention was made in last year's report of the introduction in one Health Area for an experimental period of six months of a night attendance service directly-provided by the County Council ; this Service commenced in the North-East Essex Health Area at the beginning of 1959. The types of cases provided for are :—

(a) Patients residing alone who are seriously ill ;

(b) Patients seriously ill in their own homes where an aged husband or wife cannot provide the necessary assistance ; and

(c) The relief of relatives who have to give routine night attention to sick people.

Generally this directly-provided service is considered as auxiliary to the Domestic Help Service but efforts are made to employ persons with some nursing experience. The appointment of attendants is on a casual basis.

During the period of the experiment, 37 cases were provided with night attendance and the following gives a summary of the assistance given :—

	Patients residing alone who are seriously ill	*Patients seriously ill in their own homes where an aged husband or wife cannot provide the necessary assistance*	*The relief of relatives who have to give routine night attention to sick people*	*Total*
Requests for help	13	5	25	42
Cases helped	12	5	20	37
Total cases completed (a)	12	5	18	35
Cases being helped at 5.7.59—				
Under 3 months	—	—	—	—
3-6 months	—	—	2	2
Total (b).....	—	—	2	2
Total cases helped, *i.e.* (*a*) *plus* (*b*)	12	5	20	37
Hours of help	2,026	292	1,646	3,964

The average length of attendance given during the experiment was three weeks and this period was only exceeded in exceptional circumstances. Only one request for night attendance was not met and this was in the seaside area during the seasonal peak of employment.

As a result of the experiment, the Council decided to provide from 1st December, 1959, a directly-operated service throughout the whole of the Administrative County.

FACTORIES ACTS, 1937 AND 1948

It was not found necessary to take any action under Section 126 of the Factories Act, 1948, whereby the County Medical Officer of Health is liable in certain circumstances to perform, or to arrange for the performance of, the functions of factory doctors.

NATIONAL ASSISTANCE ACT, 1948

A Senior Medical Officer made 57 visits during 1959 to 28 hostels maintained by the Welfare Committee. The opportunity was taken during these visits to review the arrangements for the provision of chiropody for residents in the hostels, and to discuss with the staff concerned such matters as the prevention of the spread of infection, diets and the correct use of isolation rooms.

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

The County Welfare Officer has kindly supplied the following information in regard to the welfare of the blind.

During 1959, there were 373 persons registered as blind and 169 as partially sighted after examination by the ophthalmic specialist.

The total number of blind persons on the register at the end of 1959 was 3,271—1,294 males and 1,977 females. The age groups of these are as follows :—

	Under 16	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70 & over	Total
Male	48	18	36	84	107	162	114	136	589	1,294
Female	38	23	31	53	82	169	159	194	1,228	1,977
Total	86	41	67	137	189	331	273	330	1,817	3,271

The partially sighted register shows a total of 873—325 males and 548 females. The age grouping was as follows :—

	Under 16 years	16-20 years	21-49 years	50-64 years	65 years and over	Total
Male	40	24	84	51	126	325
Female	37	13	61	82	355	548
Total	77	37	145	133	481	873

During the year, 601 Forms B.D. 8 were completed in respect of new cases, including 35 defective sighted and 24 cases not eligible for registration and, in addition, 486 re-examinations were carried out by ophthalmic specialists. The results of these examinations were as follows :—

Blindness	510
Partial sightedness	443
Defective sightedness	98
Not eligible for registration	36
Total	1,087

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

	Cause of Disability			
	Cataract	*Glaucoma*	*Retrolental Fibroplasia*	*Others*
New cases only—				
(i) Number of cases registered during the year in respect of whom Form B.D.8 recommends :—				
(a) No Treatment	44	26	—	240
(b) Treatment (Medical, surgical or optical)	82	50	—	135
(ii) Number of cases at (i) (b) above which on follow-up :—				
(a) Had received treatment	60	43	—	122
(b) Had refused treatment	11	2	—	4

PREVENTION OF BREAK-UP OF FAMILIES

During the year under review, health visitors continued to play an important part in the prevention of the break-up of families and they had the very active support of the domestic help service in this work. The policy of carefully selecting domestic helps to work in the homes of problem families was continued as was also the arrangement whereby the charge for the service may be waived if it is considered advisable in order to keep the family together.

In cases where it is apparent that only routine methods of training and discipline will prove successful, arrangements exist for the family to be sent to rehabilitation centres. The ultimate success of this type of training depends to a very great extent on satisfactorily rehousing the family on their return.

In less difficult cases, short periods of convalescence can be provided for mothers and their children.

CHIROPODY

During 1959, directly-provided comprehensive chiropody facilities were available at County Health Service Clinics in Barking, Dagenham, Leyton and Walthamstow and in parts of the South-East Essex, and Forest Health Areas.

These clinics were staffed on a full-time, part-time or sessional basis and an indication of the amount of work they carried out is given below.

	Year	*Men*	*Women*	*Children*	*Total*
Number of new cases treated	1957	895	2,608	1,349	4,852
	1958	908	2,648	1,536	5,092
	1959	891	2,739	1,424	5,054
Number of attendances	1957	14,036	57,501	6,626	78,163
	1958	14,753	60,791	7,445	82,989
	1959	13,062	56,249	7,138	76,449

It is interesting to note of the 76,449 total attendances in 1959, 56,249 were made by women as compared with 13,062 by men and 7,138 by children.

In addition to these facilities, a grant was made to the Essex Old People's Welfare Committee (from voluntary moneys available to the County Council) to enable that Committee to make payments to its affiliated Old People's Welfare Committees and Associations for chiropody given to elderly people.

Following receipt of Ministry of Health Circular 11/59 dated 21st April, 1959 the County Council agreed in principle that comprehensive chiropody facilities should be provided throughout the Administrative County, initially for the elderly, the physically handicapped and expectant mothers, and in premises owned or hired by the County Council and by salaried officers.

As a first step, in order to implement this extension of the service, approval was given to the creation of 14 additional posts of whole-time chiropodists.

Whilst the recruitment of chiropodists has never been easy (it has not always been possible to fill vacancies quickly), the response to the advertisement of the additional posts was better than was expected.

REGISTRATION AND INSPECTION OF NURSING HOMES

At the end of 1959 there were 26 Nursing Homes registered by the County Council under Part VI of the Public Health Act, 1936. During the year five Nursing Homes, providing 69 beds, were closed whilst another providing 15 beds was re-registered as a disabled persons' and old persons' home under the National Assistance Act, 1948. One new home providing two beds was registered.

During the year the standards of the staffing and other conditions relating to Nursing Homes were revised and were put into operation as regards new nursing homes as from December, 1959. Keepers of existing Nursing Homes were given the option of adopting the revised staffing standards and were to be invited to accept the remaining standards.

AGENCIES FOR THE SUPPLY OF NURSES

The two Agencies for the supply of nurses which are established and operate in the County were inspected during the year under review and were found to be satisfactory. In common with the scarcity of nurses in all other branches of medical work, the number of nurses available for placing by the Agencies is gradually diminishing.

SECTION VI—THE AMBULANCE SERVICE

Staff

The numbers and categories of the operational staff in the Service at the end of 1959 were 24 station officers, 33 assistant station officers, 3 head drivers,

460 driver attendants, 2 controllers, 8 control room assistants, 29 control clerk telephonists and 10 clerk telephonists.

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, 378 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 10 less than in 1958.

The staff were encouraged to obtain a first aid certificate and to take a refresher course at intervals not exceeding two years. At the end of 1959, the great majority of driver attendants held current first aid qualifications recognised by the County Council.

Vehicles

In November, 1959, the operational vehicle establishment was increased by two ambulances ; the total fleet numbered 124 ambulances and 82 sitting-case vehicles. During the year 45 new diesel-engined ambulance vehicles were brought into use to replace a similar number of obsolete petrol-driven vehicles. Thirty-three of these vehicles are capable of carrying either two stretcher patients or one stretcher and five sitting patients. The remaining 12 carry either two stretcher patients, or one stretcher and five sitting patients, or 10 sitting patients.

By the end of 1959, there were 78 diesel-engined ambulance vehicles in use in the Service, and orders were placed during the year for 46 more, similar to those already purchased.

Apart from two additional ambulances allocated to the Harlow Ambulance Station, there was no change in the disposition either of County vehicles or of the five vehicles operated by the Agency Services. About 18 per cent of the total number of vehicles in the Service continued to be held in reserve for use in any part of the County.

The Chief Transport Officer continued to be responsible for the general repair and maintenance of the vehicles. Each vehicle was taken into the Council's workshop for servicing every 2,000 miles and was given a major overhaul after having travelled 10,000 miles.

During the year some modifications were carried out to the stretcher equipment carried on the vehicles and it was also decided to equip every operational ambulance with a two-cylinder resuscitation set.

Communications

No major alterations were made to the radio telephony system provided for the Ambulance Service during the year. Although a further 59 mobile transmitter/receivers were purchased, these had not been brought into use by the end of the year.

Operation of the Service

General: The arrangement, to which reference was made in previous Reports, whereby general medical practioners, 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 continued to prove successful.

In September, 1959, a pilot scheme was introduced whereby two ten-seater and two six-seater sitting case vehicles were outposted to Whipps Cross Hospital, Leytonstone, to undertake local journeys under the direction of the Hospital Transport Officer. Experience showed that full use could not be made of two six-seater vehicles and these were later withdrawn. The two ten-seater vehicles were still outposted at the end of the year.

Operational Statistics: The numbers of patients conveyed, total mileage involved and average mileage per patient in 1958 and 1959 for the whole Service are as follows :—

		Directly Provided Service	*Agency Service*	*Hospital Car Service*	*Whole Service*
Patients conveyed	1958	636,946	7,139	49,079	693,164
	1959	632,164	7,902	47,333	687,399
Mileage	1958	3,546,124	98,536	732,130	4,376,790
	1959	3,558,163	108,231	773,207	4,439,601
Average mileage per ..... patient	1958	5.57	13.8	14.9	6.31
	1959	5.63	13.7	16.3	6.46

As compared with 1958, fewer patients were conveyed by the Service as a whole but a larger mileage was involved. The average mileage per patient increased by something over 2 per cent for the whole Service and 1 per cent for the directly-provided Service. The following additional table shows that this is the first year since 1952 that the number of miles per patient has not continued to decrease.

Year	*Patients conveyed*	*Mileage*	*Average mileage per patient*
1952	466,750	3,803,322	8.15
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
1959	687,399	4,439,601	6.46

Emergency Cases: During 1959, 53,868 emergency cases were conveyed by the service compared with 51,286 in 1958. The table below analyses these cases in the last four years according to their nature, accidents being sub-divided to show the location of the accident :—

Nature of Emergency	1956	1957	1958	1959
Street Accidents	5,352	5,545	6,031	6,654
Home Accidents	3,401	3,501	3,632	3,719
Industrial Accidents	1,261	1,288	1,195	1,269
Other Accidents	2,363	2,655	2,669	2,886
Total Accidents	12,377	12,989	13,527	14,528
Maternity	9,034	8,785	9,101	8,961
Urgent Illness	21,132	22,686	22,250	23,493
Other Emergencies	5,936	6,077	6,408	6,886
Total Emergencies	48,479	50,537	51,286	53,868

The increase in street accidents in 1959 as compared with 1958 was particularly large and this was undoubtedly associated with the increased traffic on the roads during the very fine summer of 1959.

Non-Emergency Cases : The number of non-emergency patients conveyed in 1959 was 633,511 compared with 641,878 in 1958. The majority of these (90 per cent) were taken to clinics or hospital out-patients' departments.

Cost of the Service. The following table, which relates to financial years, shows the total cost of the service, the cost per patient and per mile for the whole service for the last five years.

Year ended	*Gross Expenditure*	*Cost per patient*	*Cost per mile*
		s. d.	*s. d.*
31.3.1955	£546,355	18 1	2 6
31.3.1956	£582,762	18 4	2 7
31.3.1957	£642,811	20 3	2 11
31.3.1958	£653,406	20 3	3 0
31.3.1959	£673,047	19 3	3 0

SECTION VII—THE MENTAL HEALTH SERVICE

Administration

The Service continued to be administered during the period under review along the lines set out in last year's Report.

Staff

The Duly Authorised Officers employed to provide supervision for mental defectives and to take initial proceedings in providing care and after-care for the mentally ill continued to operate from Sub-Offices at Chelmsford, Colchester, Hornchurch, Rayleigh, Romford and Walthamstow. Towards the end of the year the Sub-Office in Saffron Walden was closed down and the staff transferred to new offices in Harlow.

It was not possible to recruit a Psychiatric Social Worker and this post remained vacant throughout the year.

Close co-operation continued to exist between the Council's officers and those of the Regional Hospital Boards and Hospital Management Committees. The Physician Superintendent of the Royal Eastern Counties Hospital, Colchester, continued to act as Consultant Adviser in mental deficiency but the resignation of Dr. Sawle Thomas meant that a further source of consultant advice was no longer available after July, 1959.

In view of difficulties experienced in the recruitment of qualified staff to work in training centres for mental defectives, arrangements were made for two unqualified members of existing staff at these centres to be granted leave of absence with pay for a period of 12 months to attend the diploma course of the National Association for Mental Health.

As will be seen from Section II of the Report, three Supervisors of training centres attended the annual refresher course organised by the National Association for Mental Health.

Arrangements were also made for four Duly Authorised Officers to attend a short in-service training course at Goodmayes Hospital, Ilford.

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.

The Essex Society for Mentally Handicapped Children made an offer, which the County Council accepted, to purchase tape recorders for use in Training Centres.

Work undertaken in the Community

The number of visits made by the Duly Authorised Officers and Mental Welfare Visitors was as follows. Comparable figures for 1958 are given in parenthesis.

	Number of Visits
Mental Deficiency Acts, 1913 to 1938 :	
New cases	715 (613)
Statutory supervision	9,716 (10,482)
Voluntary supervision	3,991 (3,885)
Case notes	107 (107)
Licence cases	200 (278)
Home circumstances reports for visitors	345 (1,172)
Guardianship cases	105 (299)
Holiday, licence and discharge applications	127 (225)
Lunacy Act, 1890 :	
Preliminary investigations	3,478 (3,579)
Section 14 and 17 (certified)	889 (951)
Section 11 (Urgency Orders)	291 (404)
Section 20 (Detention for not more than three days)	654 (527)
Section 21 (14 day orders)	1 (6)
Mental Treatment Act, 1930 :	
Section 1 (Voluntary)	768 (713)
Section 5 (Temporary)	82 (104)
Inventories prepared	42 (26)
Other visits	4,287 (5,270)
	25,268 (28,641)

Lunacy and Mental Treatment Acts, 1890 to 1930

During 1959, 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)	143 (190)	— (—)
Sections 14 & 16 (Certified)	499 (613)	— (—)
Section 20 (Detention for not more than 3 days)	284 (209)	— (—)
Mental Treatment Act—		
Section 1 (Voluntary)	353 (439)	1,763 (1,829)
Section 5 (Temporary)	48 (74)	— (—)

The assistance given by the County and Metropolitan Police in dealing with difficult cases was again very much appreciated by the officers concerned.

Mental Deficiency Acts, 1913-1938

Particulars of the number of cases brought to the notice of the local health authority during 1959 together with their disposal and the numbers remaining on the Council's registers at the end of the year are given in Table XI on page 102 at the end of this Report.

As a result of the arrangements for the informal admission of patients to mental deficiency hospitals (to which attention was drawn in the Report for 1958) there was a further decline in the numbers compulsorily admitted during the year. Of 120 patients admitted to hospitals, 104 (84 in 1958) were admitted informally. Of the remainder, one was placed in hospital by his parents under Section 3 of the 1913 Act, six were admitted under Orders obtained upon Petition and the remaining nine were admitted under Section 8 following action by Courts.

No general review of patients under guardianship was undertaken during the year, but seven Orders were discharged when the patients attained the age of 16 years and the National Assistance Board had undertaken to make a financial grant sufficient for their needs. Three patients were placed under guardianship (two of these being placed by their parents under Section 3) and the Council assumed responsibility for the cost of their maintenance. At the end of 1959, 20 patients remained under guardianship.

Training Centres

An important event of the year was the opening of the Thurrock Junior Training Centre. This Centre, built on similar lines as the Chelmsford Junior Centre (opened in 1958), was brought into operation in April, 1959 to replace the Grays Junior Centre which had been housed in unsatisfactory hired premises.

During the year work commenced on the building of a new Comprehensive Centre at Colchester. This will not only replace the present Junior Centre, which is accommodated in hired premises, but will also provide facilities for children and adults of both sexes.

Approval was given to the leasing and adapting of accommodation for use as a similar Comprehensive Training Centre in the former Baptist Church at Saffron Walden. The Church authorities who lease to the Council the premises in which the Dagenham Junior Training Centre is held offered to lease a piece of land at the rear of the Centre for a period not exceeding 50 years for an extension of the Centre's activities. On this site it was decided to erect an advanced training unit for adult females with a view to their employment either in domestic work or in light industry.

At 31st December, 1959 the registers of the 12 Centres contained the names of 794 pupils, an increase of 66 over the corresponding figure for 1958.

Short-term Care of Mental Defectives

One hundred and forty-five patients were provided with varying periods of temporary care during the year at the expense of the Council and arrangements were also made for the temporary admission of 14 others to mental deficiency hospitals. It is, however, understood that numbers of other patients were admitted to hospital for temporary periods, the arrangements being made direct with the hospital by the family or by the general medical practitioner.

Hospital Accommodation

Despite the admission of 120 patients to hospital, the number of patients on the waiting list continued to rise and at 31st December, 1959 the list contained the names of 356 persons (an increase of 63 on the corresponding figure for 1958), of whom 172 were considered to be in urgent need of hospital care.

The classification, sex and age groups of these patients is shown in Table XII on page 105 at the end of this Report, which also gives particulars of the length of time these patients have been awaiting admission.

Care and After-Care

As indicated earlier in this Report, it was still found impossible to recruit a Psychiatric Social Worker but the Duly Authorised Officers continued to provide social after-care for persons living in the community.

The Goodwill Social Club at Ilford proved useful in helping patients to re-establish themselves in the community and the Council continued to make monetary grants both to the East Ham Corporation in respect of a similar Club used by Essex residents and also to a voluntary organisation providing social club and rehabilitation centre facilities.

The Mental Health Act, 1959

This new Act, which received the Royal Assent on 29th July, 1959, is to be brought into operation on dates to be determined by the Minister of Health. It repeals much of the existing legislation relating to mental health and embodies many of the recommendations contained in the Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency.

The new Act marks the beginning of a new era in the development of the mental health services in England and Wales. It calls for a fundamental change of approach in dealing with the problems of mental ill-health. It introduces new terminology, simplifies procedures for admission to hospital and, in accordance with the spirit of the report of the Royal Commission, emphasises the need for a general reorientation away from hospital care and towards care in the community.

In May, 1959, the Minister of Health issued Circular 9/59 directing local health authorities to review the adequacy of their Mental Health Services and suggesting lines on which they should be developed. As a result of this circular, a draft scheme for the development of the Mental Health Service was recommended by the Mental Health Sub-Committee in December for approval by the County Council. Set out below is a summary of the recommendations :

(i) in future " junior occupation centres " be known as " junior training centres " and similarly " senior occupation centres " as " senior training centres " ;

(ii) the policy of establishing comprehensive centres be continued where appropriate ;

(iii) the programme of erecting purpose-built training centres to replace hired premises be accelerated as much as possible ;

(iv) whilst it is considered that the provision of additional training centres at Basildon, Colchester, Harlow, Romford and Saffron Walden will meet the needs of the next few years, a further review of the adequacy of existing day training centres be undertaken as soon as the Report of the Royal Commission on Greater London is available and the full implications of the delegation of health functions under the Local Government Act 1958 are known, or earlier if considered necessary ; undertaken ;

(v) the policy of adult females as well as children of both sexes under the age of 16 years attending junior training centres be continued ;

(vi) a review of the staffing arrangements at day training centres be undertaken ;

(vii) medical examinations and re-examinations of children of both sexes under the age of 16 years attending day training centres be brought more into line with those provided for school children under the Education Act, 1944 ;

(viii) arrangements be made, either directly with the Education Committee or through the Regional Hospital Boards, for free treatment facilities, such as minor ailments and speech therapy, being provided for children of both sexes under the age of 16 years attending day training centres ;

(ix) the present arrangements for the provision of meals, milk and reasonable transport services (including reimbursement of fares where justified) at junior and senior training centres be continued ;

(x) the present arrangements whereby whole-time staff at training centres attend approved refresher courses at regular intervals as well as being seconded for full-time training in order to obtain the Diploma of the National Association for Mental Health be continued and extended as considered advisable ;

(xi) no action be taken for the time being in filling the vacant post of home teacher for those persons formerly known as mental defectives ;

(xii) the present arrangements whereby (a) children leaving schools for the educationally sub-normal are sent to approved homes run by voluntary organisations, (b) the provision of convalescence and short-term care for mentally disordered persons in selected homes run by various organisations and (c) for the boarding out of suitable children, young persons and adults in selected households, be continued and extended when circumstances permit ;

(xiii) approval in principle be given in the first instance to the provision, equipping and staffing of six residential homes or hostels for the various categories and age groups of mentally disordered persons—such establishments to be purpose-built homes or hostels for preference rather than the purchase and adaptation of existing premises, and be provided, where appropriate, with facilities for training, sheltered employment and diversionary occupation ;

(xiv) priority in the provision of residential homes and hostels be given to two of the above six for persons formerly known as mental defectives —one for children under 16 years of age and adult females and the other for adult males ;

(xv) that the following charges be made in respect of residential accommodation :—

(a) children under 16 years of age : no charge be made to the parents;

(b) adults aged 16 years and over in employment : the charge equal to the full cost to be made, subject to remission in accordance with the Council's scales of assessment ;

(c) adults aged 16 years and over not in employment : the National Assistance or National Insurance benefit or pension (where this does not exceed the full cost of providing residential accommodation) be paid, provided it leaves the person concerned a sum for his personal expenses equal to the amount currently in operation for residents in accommodation provided under Part III of the National Assistance Act, 1948 ;

(xvi) the present arrangements for the home visiting of mentally disordered persons to be continued and be extended, in consultation with the Regional Hospital Boards and, where appropriate, other local health authorities, by the appointment of an adequate number of trained social workers as soon as these become available ;

(xvii) arrangements be made for all mental welfare officers to attend approved courses of instruction and refresher courses at regular intervals ;

(xviii) the present arrangements for the attendance of mentally disordered persons at social clubs be continued and extended, as and when circumstances permit, and to provide additional social clubs, adequately staffed and equipped, either directly, or by arrangement with other local health authorities or through the agency of voluntary organisations ;

(xix) a review of the location and areas to be served as well as the staffing of mental health sub-offices to be undertaken as soon as the recommendations of the Royal Commission on Greater London and the full implications of the delegation of health functions under the Local Government Act, 1958, are known, or earlier if considered necessary ;

(xx) additional administrative and professional (including medical, possibly at consultant and/or specialist level), technical and clerical officers be appointed as considered necessary ;

(xxi) consideration be given to making arrangements for the training of any categories of specialised staff in short supply ;

(xxii) approval in principle be given to arrangements being made, either directly or through appropriate voluntary organisations, for mentally disordered persons living at home being looked after for limited periods during the day in order to give some measure of relief to their families ;

(xxiii) approval in principle to the setting up, in consultation with Regional Hospital Boards and other appropriate organisations, of consultative out-patient clinics, particularly for the prevention of mental disorder;

(xxiv) the present arrangements for co-operation with other local health authorities, the hospital service, general medical practitioners and

carried out by the dental officers who provide services for the children in attendance at maintained schools in the Administrative County. The patients who are entitled to treatment under the 1946 Act are euphemistically referred to as the priority classes. The degree of priority which the health authority was able to offer was such that only 1,487 mothers and 2,224 children under school age were inspected by the dental staff. Comparable figures for 1958 are 1,557 mothers and 2,764 young children. It is disturbing to report again another decrease in the number of these patients receiving treatment. The service is a travesty of a priority service and this deterioration will continue so long as the great discrepancy in earning power persists between that of the general dental practitioner and that of the local authority dental officer.

However, the ratio of fillings to extractions in both priority classes remains reasonable. In the case of adults this is 1.03 : 1 and of young children 1.41 : 1. The table below shows the work completed per 100 patients and it indicates the state of the service :—

Year	*Expectant and Nursing Mothers*				*Pre-School Children*	
	Scalings	*Fillings*	*Extractions*	*Dentures*	*Fillings*	*Extractions*
1950	30	73	174	23	66	110
1955	45	152	166	26	113	91
1956	52	160	173	26	119	96
1957	42	155	170	23	125	106
1958	39	139	143	23	110	94
1959	44	135	132	20	116	82

award. It seems to be the rule that local authority awards are too late and too small.

It will be recalled that there is at present one class of ancillary dental worker namely the dental hygienist whose work is to scale and polish teeth and give instruction in the maintenance of good oral hygiene. By virtue of the Dentists Act, 1957, the Privy Council have charged the General Dental Council with the responsibility of carrying out an experiment in the training and use of a further class of ancillary worker. The clinical scope of these workers is extended to the filling of all teeth and the extraction of baby teeth as well as those duties undertaken now by dental hygienists. A training school acquired at New Cross, London, is being fitted out in a suitable manner and will open in September of this year. Staff recruiting is partially completed and applications have been invited for the first batch of trainees. The response to this has been such that proper competition for entrance to the school is assured. The course spreads over two years with accent on practical work and here it is quite divorced from the undergraduate type of training. After training there will be an experimental three years in the field and if reports are satisfactory, the school will become a permanent feature. The regulations in their present form stipulate that these dental ancillaries must work under the direct supervision of a registered dentist and that means in the same building. With this in mind, consideration will have to be given to providing accommodation in new clinics which could be used as a second dental surgery.

At the time of writing, the North East Metropolitan Regional Hospital Board has just appointed a consultant in orthodontics. Not many pre-school children are in need of active orthodontic treatment but sometimes incipient cases are seen and consultant advice will prove very useful. The north-west corner of the County around Saffron Walden has orthodontic cover centred at Addenbrooke's Hospital at Cambridge.

New health services clinics with dental suites were put in use during

for the patient. There is no doubt that this method of drilling teeth has come to stay but the existing orthodox equipment is still needed and there is no question of this being redundant to routine requirements.

The Committee's policy in allowing the Assistant County Medical Officers to attend post-graduate courses in general anæsthetics at the Eastman Dental Hospital is pursued. Classes in the administration of nitrous oxide (dental gas)

and other general anæsthetics are attended. The satisfactory anæsthetising of young children is a delicate matter and calls for much patience and skill and it is a very rewarding occupation. During the year 1,065 anæsthetic administrations were carried out for the priority classes; 283 were expectant and nursing mothers and 782 pre-school children.

The dental laboratories provided by the Council at Walthamstow and Barking are fully occupied making dentures and orthodontic appliances and other articles. Work is carried out for schoolchildren and expectant and nursing mothers, and dental appliances are also supplied for the general dental practitioner service at Health Centres at Harold Hill, Aveley, and Walthamstow. The Barking laboratory is seriously understaffed and it is difficult to get men of the right calibre for this work. The work of a dental technician is wholly craftsmanship and the machine does not enter into it. Unless there is a flair for the work there is failure. The two laboratories together made 513 orthodontic appliances, 1,614 new, relined or repaired dentures, together with splints, crowns, inlays and bridges. Many orthodontic study models and other necessary pieces of work were also made. In addition to this a considerable amount of work was let out to private technicians to the profession.

It is generally accepted that good tooth-cleaning habits as well as being salutary as a discipline, pay off good dividends to the persons practising them. The proper use of a toothbrush is probably the best method of cleaning when circumstances permit or alternatively a meal may be finished with a cleansing food such as an apple or celery. Sticky, highly refined and readily fermentable carbohydrates such as sugars and toffees and biscuits are almost completely lacking in fibrous structure and they cling to the teeth. One of the end products of bacterial action on such substances in the mouth is an acid which attacks the enamel of the teeth and thus the first stage of decay is reached. These confections should be taken as part of a meal when the damage they cause is at the minimum.

During the year additional responsibility has been placed on the staff for the dental inspection and treatment of patients attending training centres provided under the Mental Health Service.

In August, 1958, Miss E. M. Knowles, O.B.E., F.D.S., a Senior Dental Officer of the Ministry of Health, started to carry out a survey of this authority's dental service for the treatment of expectant and nursing mothers

and children under five years. She carried out an inspection of all the dental clinics in the Administrative County and her programme was completed in October, 1958, and the Ministry's report was received in April, 1959. It is gratifying to note in the report that the new clinics are considered to be very good and well equipped and that the Council's campaign at Harlow for the promotion of dental health is commended.

Saffron Walden General Hospital has been without dental cover for some time and hospital cases have had to make tedious journeys to other centres such as Bishop's Stortford and Cambridge. However, during the year a senior hospital dental officer from the North-East Metropolitan Regional Hospital Board has been seconded to the East Anglian Regional Hospital Board for sessions at this hospital and we are again in a position to refer cases there for treatment.

Members agreed to co-operate in an investigation on a new type of dental hypodermic syringe and a new quick-acting local anæsthetic, the use of which may well prevent some of the distress following injections for dental operations. The three armed forces of the Crown, several private practitioners and the staff of the Eastman Dental Hospital are also co-operating in this and the work is being co-ordinated by the senior anæsthetist at the Eastman Dental Hospital. All preliminary arrangements have been completed and, at the time of writing, the first treatments have been given in Essex.

Several visitors came to see the work of the Department and amongst these were the Chief Dental Officers of the Governments of South Africa and Rhodesia and the County of Warwickshire. Dr. Wynne, of the Ministry of Education, saw one of the dental health weeks in progress and the visit of Miss Knowles from the Ministry of Health has been referred to elsewhere.

The investigations by the Ministry of Health into the desirability of adding a fluorine salt to the general water supply as a partial inhibitor of dental decay have been proceeding. People who have been brought up in localities with a fluorine content up to one part per million are found to have a greater resistance to dental decay but to show no untoward side effects. If the fluorine content is more than about 1½ parts per million there is a risk of discolouration of the teeth and such results may be seen in West Mersea in Essex where there is a fluoride content of about 5½ parts per million. In North America about 35,000,000 people are drinking artificially fluoridated water and in spite of the most stringent tests no untoward effects have been seen, but an appreciable reduction in the decay rate has occurred. Three localities in this country have a water supply enriched with a fluoride namely Kilmarnock, Watford and Anglesea, and most detailed and particular care is being exercised to discover any side effects—but to date, after more than four years, none has been found.

It is known by reference to the official dental register that the numerical strength of the dental profession is relatively small and the average

age is high. The incidence of decay is rising and the section of the population needing most treatment, i.e. children, is increasing and there is not sufficient dental cover available, and the question as to what steps are being taken to remedy this unhappy state of affairs is a pertinent one. The University Grants Committee is sponsoring enlargement of several teaching schools and hospitals and the building of new teaching schools, but it takes a long time to build and staff such institutions and then it takes five years before the first graduates are available. From the 1959 review of the profession by the President of the General Dental Council, it has been estimated that with plans as at present it could be the end of the century before a register of 20,000 active practising dental surgeons is achieved and this is the number needed to give dental cover for the whole population.

Comparing this annual review with the previous year, one must say that the staffing position has deteriorated and that this is likely to continue. The aim of the profession should be to eliminate the need for its own existence but at present this is merely wishful thinking.

Sir Wilfred Fish, the President of the General Dental Council in his 1959 review of the profession mentions the state of the School Dental Service and goes on to say :—

> " It is, however, the local authorities, of course, who are responsible for the school dental service and for dental treatment of expectant and nursing mothers, and the Royal Commission (on the Remuneration of Doctors and Dentists) were specifically precluded from making recommendations on remuneration of doctors and dentists employed by the local authorities. It was, nevertheless, a necessary part of their duty to inquire into the subject and they reported that the ordinary school dentist, on entering the service, was paid £900 a year rising, after nine years service, to £1,400. Even allowing for shorter hours of work and for increase in pay which has been awarded since the Commission reported and allowing also for the chance of promotion to chief dental officer, it would still seem fairly obvious without any specific recommendation why the school dental service can only secure one-third of the number of dentists it needs. The inevitable result is that the children's teeth are allowed to disintegrate and are in many cases irreparably damaged for lack of treatment during adolescence. Surely it is again much to the credit of dentistry that out of a professsion only 16,000 strong, 1,600 practitioners are found with the altruism to make either a whole-time or a part-time contribution to the school dental service, but this problem cannot be solved on that basis."

J. BYROM

Health Department

County Hall, Chelmsford

28th July, 1960

TABLE I—BIRTHS, DEATHS, ANNUAL RATES, ETC., 1959

Health Area and County District	Estimated Population		Estimated Migration	Live Births		Still Births		Infant Deaths		Deaths at all ages	
	1958	1959		No.	Rate*	No.	Rate†	No.	Rate‡	No.	Rate*
Colchester B.	63,510	63,980	+ 201	1,068	16.7	18	17	21	20	799	12.5
Harwich B.	13,740	13,760	− 71	248	18.0	3	12	3	12	157	11.4
Brightlingsea U.	4,650	4,690	+ 62	60	12.8	—	—	—	—	82	17.5
Clacton U.	25,100	25,480	+ 523	269	10.6	4	15	6	22	412	16.2
Frinton and Walton U.	8,830	9,210	+ 444	104	11.3	1	10	2	19	168	18.2
Halstead U.	6,550	6,660	+ 87	96	14.4	—	—	1	10	73	11.0
West Mersea U.	3,100	3,120	+ 39	39	12.5	1	25	1	26	58	18.6
Wivenhoe U.	2,590	2,610	+ 1	49	18.8	3	58	—	—	30	11.5
Halstead R.	16,750	16,860	+ 65	234	13.9	4	17	4	17	189	11.2
Lexden and Winstree R.	22,210	22,440	+ 245	328	14.6	6	18	5	15	343	15.3
Tendring R.	24,810	24,950	+ 204	307	12.3	3	10	10	33	371	14.9
1. North-East Essex	191,840	193,760	+ 1,800	2,802	14.5	43	15	53	19	2,682	13.8
Chelmsford B.	43,110	44,080	+ 626	758	17.2	10	13	12	16	414	9.4
Maldon B.	10,010	10,040	+ 43	168	16.7	5	29	—	—	181	18.0
Saffron Walden B.	7,510	7,550	+ 40	116	15.4	1	9	4	34	116	15.4
Braintree and Bocking U.	19,230	19,580	+ 199	374	19.1	9	23	9	24	223	11.4
Burnham-on-Crouch U.	3,890	3,930	+ 45	57	14.5	—	—	—	—	62	15.8
Witham U.	8,890	8,970	+ 29	148	16.5	3	20	3	20	97	10.8
Braintree R.	21,110	21,550	+ 347	317	14.7	11	34	7	22	224	10.4
Chelmsford R.	42,850	43,840	+ 745	749	17.1	16	21	15	20	504	11.5
Dunmow R.	20,570	20,820	+ 110	341	16.4	5	15	10	29	201	9.6
Maldon R.	15,650	15,870	+ 201	217	13.7	2	9	9	41	198	12.5
Saffron Walden R.	17,880	17,870	− 82	278	15.6	6	21	9	32	206	11.5
Epping and Ongar R. (East)	17,390	17,380		Total figures for Epping and Ongar R. given below							
2. Mid-Essex	228,090	231,480	+ 2,303	3,523	16.4	68	19	78	22	2,426	11.3
Basildon U.	72,540	78,210	+ 4,384	1,952	25.0	34	17	48	25	666	8.5
Benfleet U.	26,340	28,250	+ 1,756	469	16.6	12	25	9	19	315	11.1
Canvey Island U.	12,490	13,170	+ 617	249	18.9	8	31	5	20	186	14.1
Rayleigh U.	16,290	17,700	+ 1,250	332	18.8	2	6	5	15	172	9.7
Rochford R.	25,280	26,930	+ 1,517	535	19.9	4	7	9	17	402	14.9
3. South-East Essex	152,940	164,260	+ 9,524	3,537	21.5	60	17	76	21	1,741	10.6
Brentwood U.	44,170	46,270	+ 1,876	754	16.3	7	9	14	19	530	11.4
Hornchurch U.	120,300	122,600	+ 1,066	2,362	19.3	35	15	45	19	1,128	9.2
Thurrock U.	105,600	107,100	+ 540	1,876	17.5	49	25	59	31	916	8.6
4. South Essex	270,070	275,970	+ 3,482	4,992	18.1	91	18	118	24	2,574	9.3
Chingford B.	46,030	46,030	− 152	566	12.3	8	14	10	18	414	9.0
Wanstead and Woodford B.	61,220	61,620	+ 372	720	11.7	18	24	18	25	692	11.2
Chigwell U.	61,150	62,070	+ 597	800	12.9	17	21	19	24	477	7.7
Epping U.	8,870	9,190	+ 219	197	21.4	2	10	2	10	96	10.4
Harlow U.	40,890	45,250	+ 3,198	1,347	29.8	21	15	26	19	185	4.1
Waltham Holy Cross U.	10,990	11,470	+ 331	232	20.2	7	29	6	26	83	7.2
Epping and Ongar R. (West)	16,500	16,490		Total figures for Epping and Ongar R. given below							
5. Forest	245,650	252,120	+ 4,565	3,862	16.4	73	19	81	21	1,947	8.3
Epping and Ongar R.	33,890	33,870	− 421	703	20.8	6	8	7	10	302	8.9
6. Romford B.	113,700	114,800	− 156	2,032	17.7	33	16	35	17	776	6.8
7. Barking B.	74,850	74,980	− 115	969	12.9	15	15	28	29	724	9.7
8. Dagenham B.	114,100	114,200	− 518	1,528	13.4	29	19	27	18	910	8.0
9. Ilford B.	179,000	178,600	− 579	2,216	12.4	49	22	33	15	2,037	11.4
10. Leyton B.	98,760	97,830	− 746	1,204	12.3	24	20	13	11	1,388	14.2
11. Walthamstow B.	114,000	113,000	− 1,220	1,440	12.7	31	21	27	19	1,220	10.8
ADMINISTRATIVE COUNTY	1,783,000	1,811,000	+17,919	28,808	15.9	522	17.8	576	20.0	18,727	10.3
Administrative County, 1958	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 II—CAUSES OF DEATH BY AGE, 1959

	Male									Female								
	0–	1–	5–	15–	25–	45–	65–	75+	Total	0–	1–	5–	15–	25–	45–	65–	75+	Total
1. Tuberculosis—respiratory	1	—	—	—	12	32	25	9	**79**	—	—	—	—	9	15	2	1	**27**
2. Tuberculosis—other	—	—	—	—	3	—	—	1	**4**	—	1	—	1	—	1	1	—	**4**
3. Syphilitic disease	—	—	—	—	1	5	14	2	**22**	1	—	—	—	—	6	3	11	**21**
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	2	3	—	—	—	—	—	—	**5**	1	—	—	—	—	—	—	—	**1**
7. Acute poliomyelitis	—	1	1	—	1	—	—	—	**3**	—	—	3	1	—	—	—	—	**4**
8. Measles	—	1	2	—	—	—	—	—	**3**	—	1	1	—	—	—	—	—	**2**
9. Other infective and parasitic diseases	1	—	—	—	5	6	3	4	**19**	1	2	4	—	1	1	2	2	**13**
10. Malignant neoplasm, stomach	—	—	—	—	10	109	110	69	**298**	—	—	—	1	4	60	67	102	**234**
11. Malignant neoplasm, lung and bronchus	—	—	—	—	22	396	246	104	**768**	—	—	—	—	8	45	34	26	**113**
12. Malignant neoplasm, breast	—	—	—	—	—	—	—	2	**2**	—	—	—	—	29	175	87	75	**366**
13. Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	1	12	50	32	35	**130**
14. Other malignant and lymphatic neoplasms	—	4	10	9	55	288	265	297	**928**	—	5	4	4	40	268	234	253	**808**
15. Leukaemia and aleukaemia	—	5	7	3	9	21	11	11	**67**	2	3	2	—	9	10	10	9	**45**
16. Diabetes	1	—	—	—	1	15	13	17	**47**	—	—	—	—	1	14	31	27	**73**
17. Vascular lesions of nervous system	1	1	2	3	10	182	302	488	**989**	—	—	1	2	11	191	359	873	**1,437**
18. Coronary disease, angina	—	—	—	1	58	683	636	536	**1,914**	—	—	—	—	7	168	379	634	**1,188**
19. Hypertension with heart disease	—	—	—	—	1	37	39	56	**133**	—	—	—	—	2	30	64	118	**214**
20. Other heart disease	1	—	1	1	19	111	195	630	**958**	—	—	—	—	20	131	246	1,114	**1,511**
21. Other circulatory disease	—	—	—	1	12	103	104	185	**405**	—	—	—	—	5	63	96	267	**431**
22. Influenza	—	1	1	3	5	39	42	39	**130**	1	—	3	—	6	20	20	69	**119**
23. Pneumonia	45	9	2	4	12	99	146	268	**585**	37	10	2	—	12	42	106	380	**589**
24. Bronchitis	7	—	1	—	3	208	235	238	**692**	6	1	1	—	1	35	71	161	**276**
25. Other diseases of respiratory system	2	2	—	2	6	46	40	33	**131**	4	—	1	—	3	9	11	25	**53**
26. Ulcer of stomach and duodenum	—	—	—	—	3	33	42	40	**118**	—	—	—	—	1	8	12	30	**51**
27. Gastritis, enteritis and diarrhoea	6	3	2	—	4	12	10	5	**42**	3	2	—	2	1	9	15	21	**53**
28. Nephritis and nephrosis	—	—	1	3	11	18	11	9	**53**	—	—	—	—	7	12	16	15	**50**
29. Hyperplasia of prostate	—	—	—	—	—	6	28	83	**117**	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	1	7	—	—	—	**8**
31. Congenital malformations	52	7	5	3	8	6	3	—	**84**	57	4	7	3	4	6	4	1	**86**
32. Other defined and ill-defined diseases	207	12	13	9	37	114	113	207	**712**	130	6	8	6	34	138	140	385	**847**
33. Motor vehicle accidents	—	5	5	53	29	36	10	14	**152**	—	—	3	5	6	11	5	11	**41**
34. All other accidents	5	9	8	13	29	31	12	44	**148**	2	5	4	3	6	15	26	86	**147**
35. Suicide	—	—	—	2	24	41	18	5	**90**	—	—	—	1	18	48	12	4	**83**
36. Homicide and operations of war	—	—	1	—	—	1	—	—	**2**	—	—	1	—	1	—	—	—	**2**
All causes	**331**	**63**	**62**	**110**	**390**	**2,678**	**2,673**	**3,393**	**9,700**	**245**	**40**	**45**	**31**	**265**	**1,581**	**2,085**	**4,735**	**9,027**
All causes 1958	283	53	55	105	345	2,494	2,612	3,388	**9,335**	217	45	48	49	279	1,573	2,082	4,424	**8,717**
All causes 1957	301	60	69	97	372	2,547	2,597	3,243	**9,286**	212	44	42	43	344	1,659	2,048	4,233	**8,625**
All causes 1956	287	45	68	85	403	2,503	2,532	3,344	**9,267**	235	40	34	37	318	1,545	2,094	4,452	**8,755**
All causes 1955	334	55	65	79	401	2,333	2,474	3,114	**8,855**	204	46	46	46	332	1,527	1,956	4,193	**8,350**
All causes 1954	297	39	50	60	407	2,256	2,406	2,920	**8,435**	215	36	39	57	328	1,474	1,922	3,746	**7,817**

TABLE III—CAUSES OF DEATH BY HEALTH AREAS AND COUNTY DISTRICTS, 1959

Health Area and County District	Tuberculosis respiratory	Tuberculosis other	Syphilitic disease	Acute poliomyelitis	Other infective and parasitic diseases	Malignant neoplasm stomach	Malignant neoplasm lung bronchus	Malignant neoplasm, breast	Malignant neoplasm, uterus	Other malignant and lymphatic neoplasms	Leukaemia aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease angina	Other heart and circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy deaths with abortion	Congenital malformations	Motor vehicle accidents	All other accidents	Suicide	Other diseases	All causes
Colchester B	4	—	1	—	1	16	25	18	8	66	4	4	90	131	176	23	55	33	8	7	7	4	3	—	4	7	11	10	83	799
Harwich B	1	—	—	—	—	4	5	2	—	13	—	1	24	28	40	1	5	3	3	2	1	2	—	—	—	4	2	2	13	157
Brightlingsea U	—	—	—	—	—	1	2	1	—	7	2	—	20	11	23	1	2	5	—	1	1	—	—	—	—	—	—	—	5	82
Clacton U	1	—	—	—	—	10	13	5	2	48	2	3	75	79	79	6	14	17	3	1	1	3	2	—	2	2	6	1	37	412
Frinton and Walton U	—	—	—	—	1	6	8	5	1	21	—	—	39	27	21	4	7	7	1	4	1	—	1	—	—	1	2	1	10	168
Halstead U	1	—	—	—	—	2	2	2	—	6	1	1	11	9	10	—	5	4	2	—	3	—	—	—	—	2	2	—	10	73
West Mersea U	—	—	—	—	—	2	—	—	—	8	—	1	10	14	12	—	2	3	1	—	—	—	—	—	1	1	—	1	2	58
Wivenhoe U	—	—	—	—	—	—	1	2	—	5	—	—	2	5	10	1	2	—	—	—	1	—	1	—	—	—	—	—	—	30
Halstead R	—	—	1	—	1	5	6	4	1	13	2	3	33	22	52	3	9	7	1	1	—	—	4	—	3	1	1	1	15	189
Lexden and Winstree R	2	—	—	—	1	10	13	6	1	28	2	3	38	56	75	2	14	20	1	3	—	2	1	—	2	2	3	4	54	343
Tendring R	2	—	—	—	1	9	8	5	1	34	6	4	95	53	68	5	23	7	3	1	2	3	2	—	2	1	8	1	27	371
1. North-East Essex	11	—	2	—	5	65	83	50	14	249	19	20	437	435	566	46	138	106	23	20	17	14	14	1	14	21	35	21	256	2,682
Chelmsford B	1	—	4	—	2	17	23	7	2	37	3	3	49	75	66	8	33	15	1	2	1	—	4	—	4	4	11	5	37	414
Maldon B	—	—	—	—	—	4	7	4	1	14	—	2	22	25	64	5	5	10	1	—	—	—	1	—	1	—	1	2	12	181
Saffron Walden B.	—	—	—	1	—	1	3	—	1	7	1	2	12	24	11	3	19	2	—	2	1	3	1	—	3	2	2	2	13	116
Braintree & Bocking U	—	—	1	—	1	6	9	6	2	20	2	1	39	22	43	1	14	1	2	4	3	3	2	—	—	2	1	1	37	223
Burnham-on-Crouch U	—	—	—	—	1	2	1	2	1	11	—	—	9	6	14	—	3	1	—	—	—	—	3	—	2	—	2	—	4	62
Witham U	2	—	—	—	—	1	2	2	1	8	—	—	8	17	15	3	10	6	1	1	1	—	—	—	2	2	3	—	12	97
Braintree R	—	—	—	—	—	6	9	4	1	28	—	4	16	42	50	—	16	7	1	2	1	—	2	—	—	3	10	2	20	224
Chelmsford R	4	—	1	—	1	14	26	13	2	49	2	1	62	70	99	7	41	8	3	7	3	1	6	1	10	5	12	6	50	504
Dunmow R	—	—	1	—	1	6	7	4	2	21	2	—	26	41	41	2	7	8	4	2	—	1	—	—	3	1	1	—	20	201
Maldon R	2	—	1	—	1	5	11	4	—	24	1	1	38	22	36	2	8	7	3	3	—	—	2	—	3	3	3	1	17	198
Saffron Walden R	1	—	—	—	—	6	6	1	1	16	1	1	24	48	35	3	15	7	—	1	3	1	2	—	2	5	2	—	25	206
2. Mid-Essex	10	—	8	1	7	68	104	47	14	235	12	15	305	392	474	34	171	72	16	24	13	9	23	1	30	27	48	19	247	2,426
Basildon U	2	—	—	3	4	15	38	11	4	67	3	2	79	142	97	6	40	30	6	3	3	3	5	—	15	7	9	11	61	666
Benfleet U	2	—	—	—	—	10	17	13	2	21	—	1	51	69	58	3	11	10	3	2	1	2	4	—	2	3	3	5	22	315
Canvey Island U	3	—	1	—	—	8	4	2	1	19	3	1	22	40	28	4	16	6	—	4	3	1	1	—	—	—	3	—	16	186
Rayleigh U	1	—	1	—	—	6	5	1	—	15	—	—	29	27	31	2	10	4	4	1	2	—	4	—	2	2	—	1	24	172
Rochford R	1	1	—	—	1	16	15	8	—	24	3	6	57	90	68	6	37	16	3	2	2	2	3	—	1	2	5	2	31	402
3. South-East Essex	9	1	2	3	5	55	79	35	7	146	9	10	238	368	282	21	114	66	16	12	11	8	17	—	20	14	20	19	154	1,741
Brentwood U	6	1	—	1	1	8	26	7	6	48	6	5	64	81	121	6	47	20	4	4	1	1	3	1	6	2	8	2	44	530
Hornchurch U	5	—	2	—	4	39	50	23	10	125	4	10	181	167	212	12	57	61	14	7	6	11	3	2	8	9	8	12	86	1,128
Thurrock U	5	—	3	—	2	23	46	16	4	79	5	8	86	150	179	8	70	54	13	4	4	9	2	—	11	14	19	4	98	916
4. South Essex	16	1	5	1	7	70	122	46	20	252	15	23	331	398	512	26	174	135	31	15	11	21	8	3	25	25	35	18	228	2,574
Chingford B	2	—	2	—	—	14	19	12	5	39	4	2	35	64	97	6	28	15	4	4	3	3	2	—	2	3	9	4	36	414
Wanstead & Woodford B	4	1	4	—	—	15	30	10	4	62	4	2	94	123	140	21	28	33	3	8	5	2	5	—	6	7	12	10	59	692
Chigwell U	7	1	3	1	3	12	22	13	3	45	4	2	57	80	81	6	25	38	4	1	3	3	—	1	8	6	9	6	33	477
Epping U	—	—	—	—	1	1	2	—	2	2	—	—	13	20	20	1	10	5	2	—	—	1	—	—	1	1	2	4	8	96
Harlow U	—	—	1	—	1	7	12	3	—	12	—	2	10	28	32	4	12	7	—	1	—	1	—	—	5	5	7	1	34	185
Waltham Holy Cross U	—	—	—	—	—	2	5	2	—	11	—	—	13	9	9	3	6	6	—	2	—	1	—	1	2	3	2	2	4	83
5. Forest	13	2	10	1	5	51	90	40	14	171	12	8	222	324	379	41	109	104	13	16	11	11	7	2	24	25	41	27	174	1,947
Epping & Ongar R	1	—	—	—	—	10	13	9	1	33	1	1	42	51	49	2	16	16	3	5	1	3	6	—	3	3	4	2	27	302
6. Romford B	6	—	1	—	3	21	48	17	7	74	2	4	106	125	131	5	40	67	10	4	5	5	—	—	5	14	15	8	53	776
7. Barking B	5	1	1	—	—	37	55	20	7	83	1	7	78	110	117	11	32	45	12	6	3	4	6	—	7	10	7	5	54	724
8. Dagenham B	9	2	3	—	2	38	61	23	5	85	9	6	105	162	134	7	48	73	14	11	5	6	6	—	9	9	13	5	60	910
9. Ilford B	12	1	2	1	6	46	104	34	25	178	8	12	242	326	405	25	144	137	25	21	9	8	15	—	15	20	40	28	148	2,037
10. Leyton B	10	—	1	—	—	32	51	22	7	123	7	4	192	190	373	14	99	76	12	20	8	4	8	—	5	15	19	7	89	1,388
11. Walthamstow B	4	—	8	—	3	39	71	25	9	107	17	10	128	221	230	17	89	71	9	15	1	10	7	1	13	10	18	14	73	1,220
ADMINISTRATIVE COUNTY	106	8	43	7	43*	532	881	368	130	1,736	112	120	2,426	3,102	3,652	249	1,174	968	184	169	95	103	117	8	170	193	295	173	1,563	18,727
Administrative County 1958	124	14	35	6	44	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	308	190	1,523	18,052

* including meningococcal infections 6, measles 5

TABLE IV

POPULATION CHANGES DUE TO NATURAL INCREASE AND MIGRATION, 1954-59

County District and Health Area	Estimated Population		Estimated Change in Population	Natural Change (Estimated from Mid-1954 to Mid-1959)	Estimated Net Migration (Mid-1954 to Mid-1959)
	Mid-1954	Mid-1959			
Colchester B	60,100	63,980	+ 3,880	+ 1,150	+ 2,730
Harwich B	15,250	13,760	— 1,490	+ 410	— 1,900
Brightlingsea U	4,590	4,690	+ 100	— 60	+ 160
Clacton U	24,100	25,480	+ 1,380	— 630	+ 2,010
Frinton & Walton U	8,330	9,210	+ 880	— 270	+ 1,150
Halstead U	6,330	6,660	+ 330	+ 20	+ 310
West Mersea U	3,010	3,120	+ 110	— 40	+ 150
Wivenhoe U	2,530	2,610	+ 80	+ 20	+ 60
Halstead R	16,920	16,860	— 60	+ 60	— 120
Lexden & Winstree R	22,310	22,440	+ 130	— 80	+ 210
Tendring R	24,380	24,950	+ 570	— 260	+ 830
1. North-East Essex	187,850	193,760	+ 5,910	+ 320	+ 5,590
Chelmsford B	39,590	44,080	+ 4,490	+ 1,470	+ 3,020
Maldon B	9,750	10,040	+ 290	+ 80	+ 210
Saffron Walden B	7,220	7,550	+ 330	— 100	+ 430
Braintree & Bocking U	17,890	19,580	+ 1,690	+ 600	+ 1,090
Burnham-on-Crouch U	3,830	3,930	+ 100	+ 30	+ 70
Witham U	8,710	8,970	+ 260	+ 190	+ 70
Braintree R	20,050	21,550	+ 1,500	+ 570	+ 930
Chelmsford R	39,950	43,840	+ 3,890	+ 1,040	+ 2,850
Dunmow R	19,250	20,820	+ 1,570	+ 630	+ 940
Maldon R	15,110	15,870	+ 760	+ 80	+ 680
Saffron Walden R	18,320	17,870	— 450	+ 410	— 860
2. Mid-Essex*	199,670	214,100	+ 14,430	+ 5,000	+ 9,430
Basildon U	49,450	78,210	+ 28,760	+ 4,100	+24,660
Benfleet U	20,270	28,250	+ 7,980	+ 460	+ 7,520
Canvey Island U	11,990	13,170	+ 1,180	+ 210	+ 970
Rayleigh U	10,050	17,700	+ 7,650	+ 390	+ 7,260
Rochford R	20,150	26,930	+ 6,780	+ 360	+ 6,420
3. South-East Essex	111,910	164,260	+ 52,350	+ 5,520	+46,830
Brentwood U	34,670	46,270	+ 11,600	+ 890	+10,710
Hornchurch U	107,100	122,600	+ 15,500	+ 4,190	+11,310
Thurrock U	97,080	107,100	+ 10,020	+ 5,070	+ 4,950
4. South Essex	238,850	275,970	+ 37,120	+10,150	+26,970
Chingford B	47,600	46,030	— 1,570	+ 660	— 2,230
Wanstead & Woodford B	61,550	61,620	+ 70	+ 160	— 90
Chigwell U	57,780	62,070	+ 4,290	+ 1,950	+ 2,340
Epping U	7,140	9,190	+ 2,050	+ 330	+ 1,720
Harlow U	18,320	45,250	+ 26,930	+ 4,590	+22,340
Waltham Holy Cross U	9,090	11,470	+ 2,380	+ 600	+ 1,780
5. Forest*	201,480	235,630	+ 34,150	+ 8,290	+25,860
Epping & Ongar R	30,160	33,870	+ 3,710	+ 1,300	+ 2,410
6. Romford B	105,900	114,800	+ 8,900	+ 6,150	+ 2,750
7. Barking B	76,580	74,980	— 1,600	+ 1,460	— 3,060
8. Dagenham B	115,300	114,200	— 1,100	+ 3,580	— 4,680
9. Ilford B	182,700	178,600	— 4,100	+ 600	— 4,700
10. Leyton B	103,100	97,830	— 5,270	— 430	— 4,840
11. Walthamstow B	119,000	113,000	— 6,000	+ 720	— 6,720
Administrative County	1,672,500	1,811,000	+138,500	+42,660	+95,840

* Except the part of Epping & Ongar R.D. in the Area

TABLE V

LIVE BIRTHS, STILLBIRTHS AND STILLBIRTH RATES, 1950-59

County District and Health Area	*Live Births*	*Stillbirths*	*Stillbirth Rate*
Colchester B.	9,226	204	21.6
Harwich B.	2,270	58	24.9
Brightlingsea U.	550	13	23.1
Clacton U.	2,626	52	19.4
Frinton and Walton U.	850	20	23.0
Halstead U.	916	15	16.1
West Mersea U.	394	10	24.8
Wivenhoe U.	402	3	7.4
Halstead R.	2,254	57	24.7
Lexden and Winstree R.	3,083	76	24.1
Tendring R.	3,320	57	16.9
1. North-East Essex	25,891	565	21.4
Chelmsford B.	6,411	115	17.6
Maldon B.	1,481	37	24.4
Saffron Walden B.	1,051	23	21.4
Braintree and Bocking U.	3,051	63	20.2
Burnham-on-Crouch U.	570	14	24.0
Witham U.	1,296	31	23.4
Braintree R.	3,203	69	21.1
Chelmsford R.	6,680	123	18.1
Dunmow R.	3,192	50	15.4
Maldon R.	2,230	41	18.1
Saffron Walden R.	2,768	58	20.5
2. Mid-Essex *	31,933	624	19.2
Basildon U.	11,568	229	19.4
Benfleet U.	3,306	64	19.0
Canvey Island U.	1,940	29	14.7
Rayleigh U.	1,898	35	18.1
Rochford R.	3,320	57	16.9
3. South-East Essex	22,032	414	18.4
Brentwood U.	5,511	124	22.0
Hornchurch U.	18,311	330	17.7
Thurrock U.	17,101	375	21.5
4. South Essex	40,923	829	19.9
Chingford B.	5,597	98	17.2
Wanstead and Woodford B.	7,412	148	19.6
Chigwell U.	8,347	154	18.1
Epping U.	1,303	43	31.9
Waltham Holy Cross U.	1,729	38	21.5
5. Forest *	24,388	483	19.4
Epping & Ongar R., Harlow U.	12,537	252	19.7
6. Romford B	18,863	407	21.1
7. Barking B	10,248	249	23.7
8. Dagenham B	16,256	368	22.1
9. Ilford B	22,407	501	21.9
10. Leyton B	12,561	267	20.8
11. Walthamstow B	14,436	307	20.8
Administrative County	252,475	5,264	20.4

* Except the part of Epping and Ongar R.D. in the Area, and, in the case of Forest Area, Harlow U.D.

DEATHS FROM TUBERCULOSIS AND CANCER BY AGE AND SEX, 1950-59

Tuberculosis

Year	Males									Females								
	0–	1–	5–	15–	25–	45–	65–	75+	Total	0–	1–	5–	15–	25–	45–	65–	75+	Total
1950	1	3	2	19	88	123	38	11	285	3	4	2	26	77	41	14	5	172
1951	1	10	3	7	60	120	45	11	257	2	6	–	17	54	37	15	5	136
1952	–	–	1	4	45	89	33	7	179	1	3	3	7	42	33	10	2	101
1953	1	2	3	2	41	95	36	13	193	–	3	4	6	43	25	9	9	99
1954	–	1	–	3	27	58	26	13	128	–	–	–	9	29	19	11	4	72
1955	1	3	1	2	16	46	33	11	113	–	2	1	4	20	14	6	9	56
1956	1	–	–	–	18	47	28	9	103	–	–	1	1	15	13	5	3	38
1957	1	–	–	–	18	48	23	13	103	1	–	–	1	19	11	8	5	45
1958	–	–	–	4	5	40	28	20	97	1	–	2	2	7	16	9	4	41
1959	1	–	–	–	15	32	25	10	83	–	1	–	1	9	16	3	1	31

Cancer of the Lung

Year	Males									Females								
	0–	1–	5–	15–	25–	45–	65–	75+	Total	0–	1–	5–	15–	25–	45–	65–	75+	Total
1950	–	–	1	–	34	239	99	35	408	–	–	–	1	3	39	31	12	86
1951	–	–	–	1	23	238	125	31	418	–	–	–	–	7	37	24	17	85
1952	–	–	–	–	25	257	118	51	451	–	–	–	–	8	38	21	16	83
1953	–	–	–	–	24	289	139	47	499	–	–	–	–	7	45	28	15	95
1954	–	–	–	–	15	310	151	61	537	–	–	–	–	11	38	31	20	100
1955	–	–	–	–	21	299	181	52	553	–	–	–	–	8	47	26	19	100
1956	–	–	–	–	27	328	198	78	631	–	–	–	1	6	45	41	31	124
1957	–	–	–	–	19	361	204	77	661	–	–	–	–	8	59	38	22	127
1958	–	–	–	–	17	338	203	84	642	–	–	–	–	5	52	27	25	109
1959	–	–	–	–	22	396	246	104	768	–	–	–	–	8	45	34	26	113

Other Cancer (including Leukaemia)

Year	Males									Females								
	0–	1–	5–	15–	25–	45–	65–	75+	Total	0–	1–	5–	15–	25–	45–	65–	75+	Total
1950	3	9	8	10	67	347	384	327	1,155	–	7	4	10	113	491	322	377	1,324
1951	–	8	10	10	73	379	357	346	1,183	–	9	3	8	95	475	376	351	1,317
1952	1	2	5	6	60	357	385	317	1,133	1	8	9	9	111	516	370	402	1,426
1953	2	4	9	5	67	359	392	362	1,200	–	10	8	1	90	495	385	384	1,373
1954	2	11	6	8	75	356	375	319	1,152	2	2	8	13	98	523	353	394	1,393
1955	1	6	17	8	76	337	360	353	1,158	2	9	10	7	119	547	400	421	1,515
1956	2	6	14	15	53	391	367	340	1,188	2	9	9	8	107	522	399	442	1,498
1957	1	7	6	12	60	326	406	388	1,206	1	6	7	4	123	567	410	434	1,552
1958	1	8	12	14	55	405	383	377	1,255	1	3	8	11	90	545	420	409	1,487
1959	–	9	17	12	74	418	386	379	1,295	2	8	6	6	94	563	430	474	1,583

TABLE VII—RURAL HOUSING PROGRESS, 1959

DWELLING-HOUSES DEMOLISHED CLOSED OR REPAIRED DURING 1959					RURAL DISTRICTS										Totals
					Braintree	Chelmsford	Dunmow	Epping and Ongar	Halstead	Leaden and Winstree	Maldon	Rochford	Saffron Walden	Tendring	
Houses Demolished	In Clearance Areas	Housing Act, 1957	(i) Dwelling-houses demolished	Unfit Houses	—	—	11	2	—	—	—	—	2	1	16
				Other Houses	—	—	—	—	—	—	—	—	—	—	—
				Persons Displaced	—	—	—	6	—	—	—	—	—	—	6
	Houses not in Clearance Areas		(ii) Houses demolished as a result of formal or informal action	Houses	26	4	17	10	25	34	8	30	4	27	185
				Persons Displaced	5	—	—	43	43	18	31	53	—	14	207
Houses and parts of buildings closed			(iii) Houses closed in pursuance of undertakings and as a result of Closing Orders	Houses	42	1	13	5	41	20	1	3	22	4	152
				Persons Displaced	2	—	10	21	—	20	2	—	21	3	79
			(iv) Parts of Buildings Closed (S.18)	Houses	—	—	—	—	—	—	—	—	—	—	—
				Persons Displaced	—	—	—	—	—	—	—	—	—	—	—
Houses Rendered Fit			(v) Houses in which defects were remedied after service of formal notice	By Owners	2	1	—	—	9	—	1	1	4	—	18
				By L.A. in default	—	—	—	—	—	—	—	—	—	—	—
			(vi) Houses reconstructed, enlarged or improved and Demolition Orders revoked (S.24)		—	—	3	5	1	—	—	1	—	—	10
		Public Health Acts	(vii) Houses in which defects were remedied after service of formal notice		9	25	1	3	—	—	11	—	—	—	49
		Hsg or P Health Acts	(viii) Houses rendered fit after informal action by L.A.		23	53	4	31	115	111	68	29	23	43	540
Houses in Temporary Use		Housing Act, 1937	(ix) Houses purchased by L.A. and retained for temporary accommodation (S.17(2))	Houses	—	—	—	2	—	—	—	—	—	—	2
				Separate Dwellings	—	—	—	—	—	—	—	—	—	—	—
	Houses in Clearance Areas		(x) Houses owned by L.A. retained for temporary accommodation	Houses	—	—	—	—	—	—	—	—	—	—	—
				Separate Dwellings	—	—	—	—	—	—	—	—	—	—	—
			(xi) Houses not owned by L.A. retained for temporary accommodation (S.46)	Houses	—	—	—	—	—	—	—	—	—	—	—
				Separate Dwellings	—	—	—	—	—	—	—	—	—	—	—
	Houses not in Clearance Areas		(xii) Houses licensed for temporary accommodation (Ss. 34 or 35)		—	—	1	—	—	—	—	—	—	—	1
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 categories iii-iv 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					148	75	295	91	303	141	87	122	83	111	1,456
				Remainder	580	72	472	55	207	31	292	96	214	66	2,085

TABLE VIII—HOUSING IMPROVEMENT GRANTS, 1959

RURAL DISTRICT	Total of Grants made to 31.12.58 £	Housing (Financial Provisions) Act, 1958				House Purchase and Housing Act, 1959			Total of all Grants Paid £
		Applications Received		Applications Approved			Applications Approved		
		Dwellings Concerned							
		Conversions	Improvements	Dwellings Resulting	Total of Grants Paid £	Applications Received	Number of Dwellings Concerned	Total of Grants Paid	
Braintree	52,805	3	50	48	12,133	14	14	—	64,938
Chelmsford	150,847	1	69	71	20,378	20	20	210	171,435
Dunmow	89,568	—	70	68	17,018	18	2	125	106,711
Epping & Ongar	39,756	—	41	41	13,071	74	3	440	53,267
Halstead	50,902	8	46	47	12,979	15	—	—	63,881
Lexden & Winstree	65,307	—	75	75	21,362	19	2	167	86,836
Maldon	22,375	1	34	34	7,417	11	—	—	29,792
Rochford	29,447	2	46	25	5,174	16	—	—	34,621
Saffron Walden	61,133	4	46	47	14,366	16	—	—	75,499
Tendring	22,105	3	30	27	5,160	18	—	—	27,265
TOTALS	584,245	22	507	483	129,058	221	41	942	714,245

TABLE IX—RURAL HOUSING

Number of Houses Erected During 1959 and the Number of Applicants remaining on Waiting Lists

Rural Districts	*No. of houses erected during the year ended 31st December, 1959*				*No. of applicants on waiting list for Council houses at 31st December, 1959 who are in urgent need of housing accommodation*	
	By the Council		*By Private Enterprise*			
Braintree	14	(42)	50	(40)	123	(122)
Chelmsford	103	(147)	275	(306)	800	(800)
Dunmow	—	(79)	76	(76)	60	(297)
Epping and Ongar	48	(59)	209	(223)	500	(256)
Halstead	28	(46)	32	(31)	75	(100)
Lexden and Winstree	3	(48)	98	(92)	370	(413)
Maldon	42	(—)	67	(54)	21	(13)
Rochford	45	(88)	527	(459)	420	(445)
Saffron Walden	6	(18)	58	(93)	75	(77)
Tendring	22	(—)	11	(90)	460	(150)

Note: 1958 figures are given in parenthesis

TABLE X—NOTIFICATIONS OF INFECTIOUS DISEASE, 1959

Health Area and 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 †	Total
Colchester B.	66	8	685	30	24	—	4	1	1	—	19	—	16	—	6	—	2	1	**863**
Harwich B.	16	9	75	2	10	—	2	—	—	—	1	—	3	—	—	9	—	1	**127**
Brightlingsea U.	—	—	249	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	**249**
Clacton U.	14	11	140	—	4	—	2	—	2	—	1	—	1	—	4	2	—	—	**181**
Frinton & Walton U.	1	4	70	8	—	—	—	—	—	—	1	—	—	—	—	—	—	—	**84**
Halstead U.	1	—	15	—	3	—	—	—	—	—	2	—	—	—	—	—	—	—	**21**
West Mersea U.	—	—	11	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	**13**
Wivenhoe U.	2	—	97	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	**101**
Halstead R.	10	4	248	2	5	—	—	—	—	—	—	—	—	—	—	3	—	—	**272**
Lexden & Winstree R.	32	44	430	13	8	—	—	—	2	—	10	—	—	—	3	—	—	—	**542**
Tendring R.	36	12	386	15	3	—	—	—	—	—	1	—	2	—	4	6	1	1	**467**
1. North-East Essex	178	92	2,406	71	57	—	8	1	5	—	36	—	23	—	18	20	3	3	**2,921**
Chelmsford B.	31	9	455	15	15	—	—	1	2	3	3	—	21	—	—	7	3	—	**565**
Maldon B.	3	—	446	57	4	—	—	—	—	—	23	—	—	—	—	2	—	—	**535**
Saffron Walden B.	8	2	1	—	3	—	—	—	2	—	—	—	—	—	—	—	—	1	**17**
Braintree & Bocking U.	81	3	376	—	7	1	1	—	1	—	18	—	—	1	—	—	—	—	**489**
Burnham-on-Crouch U.	7	—	22	16	—	—	—	—	—	—	35	—	—	—	2	—	—	—	**82**
Witham U.	11	4	162	5	5	—	1	—	—	—	5	—	—	—	5	1	—	—	**199**
Braintree R.	23	2	389	2	6	—	—	1	—	—	10	—	—	—	—	1	—	—	**434**
Chelmsford R.	76	19	536	11	12	—	—	—	—	3	1	—	1	—	1	1	—	1	**662**
Dunmow R.	5	7	363	10	3	—	1	—	—	—	3	—	—	—	—	—	—	—	**392**
Maldon R.	42	2	354	24	7	—	1	—	—	—	23	—	—	—	2	20	—	—	**475**
Saffron Walden R.	12	1	98	14	1	—	—	—	—	—	—	—	—	—	6	9	4	—	**145**
2. Mid-Essex	299	49	3,202	154	63	1	4	2	5	6	121	—	22	1	16	41	7	2	**3,995**
Basildon U.	212	30	1,913	18	37	—	9	—	10	1	11	—	95	—	1	4	—	1	**2,342**
Benfleet U.	50	7	332	10	7	—	—	—	1	—	—	—	2	—	—	—	—	—	**409**
Canvey Island U.	7	7	32	10	4	—	—	—	—	—	—	—	—	—	—	2	—	—	**62**
Rayleigh U.	11	3	210	13	5	—	1	—	—	—	—	—	—	—	2	—	—	—	**245**
Rochford R.	39	10	494	10	7	—	3	—	1	1	4	—	99	—	1	2	7	—	**678**
3. South-East Essex	319	57	2,981	61	60	—	13	—	12	2	15	—	196	—	4	8	7	1	**3,736**
Brentwood U.	32	25	756	42	21	—	—	1	2	1	1	—	—	—	—	3	—	—	**884**
Hornchurch U.	246	63	2,590	35	41	—	5	—	—	3	10	2	—	—	11	22	12	1	**3,041**
Thurrock U.	224	38	1,485	178	45	—	3	1	3	—	20	1	17	8	4	153	—	2	**2,182**
4. South Essex	502	126	4,831	255	107	—	8	2	5	4	31	3	17	8	15	178	12	3	**6,107**
Chingford B.	78	26	262	39	21	—	1	1	—	1	16	—	1	2	8	10	*	—	**466**
Wanstead & Woodford B.	48	35	643	31	17	—	1	1	2	—	13	1	46	—	3	17	*	—	**858**
Chigwell U.	92	29	985	29	33	—	—	3	4	1	8	—	1	—	5	14	*	1	**1,205**
Epping U.	1	—	247	1	1	—	—	—	—	1	3	—	—	—	1	2	*	—	**257**
Harlow U.	123	86	2,002	2	9	—	4	1	1	1	61	—	2	—	2	19	4	2	**2,319**
Waltham Holy Cross U.	12	1	91	2	9	—	—	—	1	—	—	—	—	—	4	—	*	—	**120**
5. Forest	354	177	4,230	104	90	—	6	6	8	4	101	1	50	2	23	62	4	3	**5,225**
Epping & Ongar R.	26	24	861	14	6	—	1	—	—	—	27	—	1	—	4	3	—	—	**967**
6. Romford B.	206	24	2,260	49	49	—	2	6	1	—	42	—	1	—	10	57	—	—	**2,707**
7. Barking B.	95	8	896	79	37	1	3	2	1	1	47	11	31	1	9	16	*	2	**1,240**
8. Dagenham B.	201	60	2,038	36	33	—	2	1	—	1	22	4	6	2	4	12	*	—	**2,422**
9. Ilford B.	327	48	3,322	184	58	—	5	2	4	2	142	—	55	—	16	71	*	7	**4,243**
10. Leyton B.	156	29	894	163	46	—	5	—	2	—	88	1	6	1	10	38	*	3	**1,442**
11. Walthamstow B.	319	84	1,281	68	60	—	7	1	—	1	186	—	51	—	18	26	*	2	**2,104**
ADMINISTRATIVE COUNTY	2,982	778	29,202	1,238	666	2	64	23	43	21	858	20	459	15	147	532	33	26	**37,109**
Administrative County, 1958	2,174	1,045	7,624	903	770	3	110	29	56	26	1,102	18	354	3	149	421	80	43	**14,910**

* Infective Hepatitis is not notifiable in these Districts thus the County figure of 33 is incomplete.

† Including Acute Encephalitis, infective 11 and post-infectious 3, Typhoid Fever 3 and Malaria 1.

TABLE XI—MENTAL DEFICIENCY ACTS, 1913-1938

	Under 16 years		16 years and over	
	M	*F*	*M*	*F*
. *Particulars of cases reported during* 1959—				
(*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	64	67	—	—
(ii) On leaving special schools	8	—	—	—
(iii) On leaving ordinary schools	4	1	—	—
(2) Police or by Courts	1	—	8	1
(3) Other sources	11	11	11	7
TOTAL	88	79	19	8
(*b*) Cases reported who were found to be defectives but not regarded as "subject to be dealt with" on any ground	24	40	23	22
(*c*) Cases reported who were not regarded as defectives and are thus excluded from (*a*) or (*b*)	3	3	—	—
(*d*) Cases reported in which action was incomplete at 31st December, 1959, and are thus excluded from (*a*) or (*b*)	16	17	—	—
TOTAL 1(*a*)—(*d*) inclusive	131	139	42	30
. *Disposal of cases reported during* 1959—				
(*a*) Of the cases ascertained to be defectives "subject to be dealt with," number—				
(i) Placed under Statutory Supervision	83	75	10	4
(ii) Placed under Guardianship	—	—	—	—
(iii) Taken to "Places of Safety"	—	—	—	—
(iv) Admitted to Hospitals	4	2	9	3
TOTAL	87	77	19	7

	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	24	40	23	22
(ii) Action unnecessary	—	—	—	—
TOTAL	24	40	23	22
(c) Cases reported at 1(a) or (b) above who removed from the area or died before disposal was arranged	1	2	—	1
TOTAL 2(a)—(c) inclusive	112	119	42	20
3. *Number of mental defectives for whom care was arranged by Local Health Authority under Circular 5/52 during 1959 and admitted to —*				
(a) National Health Service Hospital	1	3	2	8
(b) Elsewhere	77	44	20	4
TOTAL	78	47	22	12
4. *Total cases on Authority's Registers at* 31.12.1959 —				
(i) Under Statutory Supervision	356	290	616	533
(ii) Under Guardianship (including patients on licence)	5	9	1	5
(iii) In "Places of Safety"	—	—	—	—
(iv) In Hospitals (including patients on licence)	154	104	698	602
TOTAL	515	403	1,315	1,140
(v) Under Voluntary Supervision	51	64	850	807
TOTAL of 4(i)—(v) inclusive	566	467	2,165	1,947
5. *Number of defectives under Guardianship on 31st December, 1959, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (Included in 4 (ii))* —	—	—	—	1

	Under 16 years		16 years and over	
	M	F	M	F
. *Classification of defectives in the Community on 31.12.1959 (according to need at that date)*—				
(*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	27	14	4	3
(ii) ambulant low grade cases	17	13	4	1
(iii) medium grade cases	29	14	26	8
(iv) high grade cases	—	—	11	1
TOTAL urgent cases	73	41	45	13
(2) Not in urgent need of hospital care—				
(i) " cot and chair " cases	4	7	8	1
(ii) ambulant low grade cases	5	6	6	5
(iii) medium grade cases	26	10	53	32
(iv) high grade cases	—	—	12	9
TOTAL non-urgent cases	35	23	79	47
TOTAL of urgent and non-urgent cases	108	64	124	60
(*b*) Of the cases included in items 4(i), (ii) and (v) above, number considered suitable for—				
(i) junior occupation centres	262	258	—	239
(ii) senior occupation centres	34	—	255	—
(iii) home training	3	6	27	32
TOTAL	299	264	282	271
(*c*) Of the cases included in 6(*b*) number receiving training on 31.12.1959—				
(i) In occupation centres (including voluntary centres)	241	207	17	168
(ii) In industrial centres	20	—	141	—
(iii) From a home teacher in groups	—	—	—	—
(iv) From a home teacher at home (not in groups)	—	—	—	—
TOTAL	261	207	158	168

TABLE XII—MENTAL DEFICIENCY ACTS, 1913-1938

Hospital Waiting List as at December, 1959

Length of time on list	*Males under 16*				*Males over 16*				*Females under 16*				*Females over 16*				*Totals*
	(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)	
1 year or less	18	11	26	—	4	3	32	6	19	13	22	—	1	3	21	5	184
2 years	6	1	5	—	—	3	13	—	2	1	3	—	3	1	14	—	52
3 years	4	1	7	—	—	—	5	—	4	—	1	—	—	—	3	—	25
4 years	3	2	3	—	—	3	2	—	1	—	5	1	—	—	—	1	21
5 years	—	—	1	—	—	—	2	1	1	2	—	—	—	—	1	1	9
Over 5 years	2	3	1	—	4	4	29	6	2	—	2	—	2	2	7	1	65
Totals	33	18	43	—	8	13	83	13	29	16	33	1	6	6	46	8	356

Categories :

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

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