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LXXII
1961


COUNTY COUNCIL OF ESSEX



R E P O R T
OF THE
County Medical Officer of Health
FOR THE YEAR
1961

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

COUNTY MEDICAL OFFICER OF HEALTH



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PREFACE

COUNTY HALL

CHELMSFORD

Telephone: CHELMSFORD 3231

August, 1962

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 as County Medical Officer of Health for the year 1961, the eighth Annual Report for which I have been responsible and the seventy-second in the series of such Reports which successive County Medical Officers of Health have presented to the County Council since 1890.

The preliminary report on the 1961 census gave the population of the Administrative County on the night of the census, 23rd April, as 1,859,449 and the mid-year population was estimated by the Registrar General to be 1,861,890.

There was a further increase in the birth rate by 0.4 to 16.8 per 1,000 population. This rate has increased each year since 1955, when it was 14.3. The death rate also increased to 10.4 per 1,000 population compared with 10.0 in 1960 and 10.3 in 1959.

The stillbirth rate fell for the fourth consecutive year and the infant mortality rate also declined but both decreases were of small dimensions. The perinatal mortality rate was 28.9 per 1,000 births compared with 29.0 in 1960 and a national rate in 1961 of 32.2. The Report draws attention to the variations in this rate throughout the County during the last three years. The seven deaths from maternal causes resulted in a rate of 0.22 per 1,000 births which compares favourably with the national rate of 0.33.

Details are given in the body of the Report of mortality from all the major causes of death. There were further substantial increases in the number of deaths from coronary disease and from vascular lesions of the nervous system. Deaths from respiratory diseases were at a high level and deaths from cancer of the lung continue to increase. On the credit side deaths from tuberculosis, accidents (both on the roads and elsewhere) and suicide declined.

Particulars are given in the Report of the revised scheme of operational control and station management in the County Ambulance Service which was inaugurated during the year under review with the object of ensuring greater efficiency as well as certain economies in expenditure.

Perhaps the most rapidly expanding branch of the Department's activities at the present time concerns the Mental Health Service and particulars of these developments are given in some detail.

In connection with sewerage schemes in rural districts, during the year a survey was carried out and it is evident that varying attitudes of rural district councils have resulted in lack of uniform progress throughout the Administrative County in providing adequate sewerage and sewage disposal schemes. The Rural Water Supplies and Sewerage Acts came into force in 1944 and during the 17 years since then some rural district councils have been most active in ensuring that all villages have been sewered wherever economically possible, taking into consideration grants available, while in other areas comparatively little has been done.

Looking broadly at the County Council's Health Services it can be said that in spite of continued difficulties in the recruitment of certain categories of staff it has been possible to carry on a policy of expansion, partly to give a better service and partly to meet continued population growth and I think it can be said that the foundations have been well laid for a programme of very considerable development over the next few years.

Once again I express my warmest thanks to the Chairman and Members of the Health Committee for their encouragement and support and I should also like to express my gratitude to members of the staff for their continued loyalty in maintaining the Department's high standards. I also place on record my appreciation of the assistance given by voluntary workers of all kinds.

I am, Ladies and Gentlemen

Your obedient Servant

Geo. G. Stewart

County Medical Officer of Health

COUNTY COUNCIL OF ESSEX
HEALTH COMMITTEE

(as at 31st December, 1961)

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

Vice-Chairman—Councillor Mrs. S. M. BOVILL

County Council Members—

Aldermen—

Mrs. M. Ball	*G. F. Chaplin, C.B.E., J.P.
*W. J. Bennett, C.B.E., D.L., J.P.	J. Martin, B.E.M., J.P.
Mrs. M. Bredo	*S. W. Millard
A. E. Brown, J.P.	Mrs. E. C. Saywood

Councillors—

F. W. Aylmore	G. W. Mason
A. C. Berry	G. S. B. McNaughton
Mrs. B. Bottomley, J.P.	J. W. Milbourne
W. J. Bowstead, J.P.	O. L. Oxley
Mrs. A. M. M. Burrell	Mrs. W. M. Palethorpe
A. V. Cave	J. R. Sweetland
Mrs. G. M. Chamberlin	P. Thacker
Mrs. E. Coker	H. R. Turner
Mrs. M. R. Davey	Mrs. V. L. Walton
Mrs. A. W. Dell	Mrs. A. E. Welsh
Mrs. L. Fallaize, J.P.	Mrs. N. E. Willis
Mrs. V. M. Grose	Mrs. V. L. Wilson
E. F. Harris	E. T. Wootton
Mrs. M. J. Harvey	F. A. Wortley
F. H. James	W. R. Wright

Other Members—

Appointed by the County Council—

Mrs. M. M. Davies	Mrs. S. C. M. Godfrey, J.P.
Miss E. M. Tindall, M.B.E.	

Nominated by Other Bodies—

H. E. Bates, M.M., J.P.	F. R. Masters
I. Brown	Mrs. E. M. Millard
Mrs. J. Callan	W. C. Redbond
Mrs. B. E. Double, J.P.	Mrs. L. M. Smith
Dr. S. C. Emerick	Mrs. C. E. Stannard
H. A. Girt	Mrs. E. I. Tivy
Mrs. J. Hammond, O.B.E., J.P.	A. J. Twigger
Mrs. E. F. M. Hollis	Lt.-Col. C. L. Wilson,
Mrs. L. A. Irons, J.P.	O.B.E., M.C., D.L.
W. W. Kiddell	

* Ex-officio Member

STAFF OF THE HEALTH DEPARTMENT

(as at 31st December, 1961)

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.

Principal Senior Medical Officer:

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

Senior Medical Officers:

I. B. MILLAR, M.D., B.Ch., B.A.O., D.P.H.

J. G. FIFE, M.B., B.S.

(commenced 6.11.61)

Assistant Medical Officer:

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

Physician Superintendent, Royal Eastern Counties Hospital:

*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.

*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.

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

*VIVIEN U. LUTWYCHE, M.D., 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.

*M. WEINBERGER, M.D.

*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.

*Part-time officer

Superintendent Nursing Officer:

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

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., M.R.S.H.

Assistant County Health Inspectors:

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

M. E. ROUSELL, M.A.P.H.I., A.R.S.H.

(commenced 5.6.61)

Technical Assistant:

A. G. CHAMBERS

Sampling Officer:

L. A. ROWLANDS

(commenced 1.4.61)

County Ambulance Officer:

W. E. COOKE

(commenced 2.1.61)

Assistant County Ambulance Officers:

J. R. PEACHAM

A. J. STEWART

(commenced 20.2.61)

Supervising Mental Welfare Officer:

A. L. BARTON

Assistant Supervising Mental Welfare Officer:

K. M. SKINGLEY

Organiser of Training Centres:

D. J. NORRIS

(commenced 1.11.61)

Health Education Organiser:

C. E. WILLIAMS

Assistant Health Education Organiser:

R. W. ROSSINGTON

Statistician:

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

Chief Lay Administrative Assistant:

J. G. COX

Principal Administrative Assistant:

E. W. AMOS

(commenced 1.6.61)

Senior Administrative Assistants:

A. D. H. RIDPATH

D. C. PARKER

(commenced 13.2.61)

H. GIBSON

(commenced 26.6.61)

Administrative and Clerical Staff:

63 whole-time and 3 part-time

2. CENTRALLY ADMINISTERED SERVICES

Ambulance Service :

Station Officers	20
Assistant Station Officers	28
Head Drivers	5
Driver Attendants	483
Attendants	5
Controllers	2
Control Room Assistants	7
Clerk Telephonists	35
Outposted Officer (London Hospital)	1
Area Superintendent	1
Assistant Superintendents	5

Mental Health Service :

Mental Welfare Officers	25
Training Centre Supervisors	14
Training Centre Senior Assistant Supervisors	9
Training Centre Assistant Supervisors	19
Training Centre Assistants	23
Training Centre Assistant Instructors	13

Training Homes for Home Nurses and Midwives :

Superintendent	1
Deputy Superintendent	1
Other Nursing Staff	89*
Student District Nurses	18
Pupil Midwives (Part II)	30
Clerical and Administrative Staff	5†

*Includes 10 part-time employees

†Includes 1 part-time employee

3. MEDICAL OFFICERS OF HEALTH OF AUTHORITIES WITH DELEGATED POWERS

Colchester M.B.C.	*JOHN D. KERSHAW, M.D., B.S., D.P.H.
Basildon U.D.C.	*P. X. O'DWYER, M.B., B.Ch., D.P.H.

4. AREA MEDICAL OFFICERS

North-East Essex	*JOHN D. KERSHAW, M.D., B.S., D.P.H.
Mid-Essex	*J. L. MILLER WOOD, V.R.D., M.R.C.S., L.R.C.P., D.P.H.
South-East Essex	*ALFRED YARROW, M.B., Ch.B., D.P.H.
South Essex	*R. D. PEARCE, M.R.C.S., L.R.C.P., D.P.H. (commenced 1.5.61)
Forest	*F. G. BROWN, T.D., M.B., B.Ch., B.A.O., D.P.H.
Romford	*F. GROARKE, M.B., L.M., D.C.H., D.P.H.
Barking	*MARGARET I. ADAMSON, M.B., Ch.B., D.P.H.
Dagenham	*J. ADRIAN GILLET, M.B., Ch.B., D.P.H., F.R.S.H.
Ilford	*I. GORDON, M.D., Ch.B., M.R.C.P., D.P.H.
Leyton	*G. T. CROOK, M.R.C.S., L.R.C.P., D.P.H.
Walthamstow	*M. WATKINS, M.R.C.S., L.R.C.P., D.P.H.

*Part-time Officer

5. DELEGATED AND DECENTRALISED SERVICES

	Establishment	No. employed (equivalent whole-time)
Administrative and Clerical	258.5	249.2
Area Dental Officers	13	7
Assistant County Medical Officers	62.1	56.9
Chiropodists	61.4	36.8
Clinic Clerks	64.2	63.2
Day Nursery Matrons	20	20
Day Nursery Deputy Matrons	19	17
Day Nursery Wardens	19	19
Day Nursery Nurses and Nursery Assistants	135	93
Day Nursery Students in training		87*
Dental Attendants	88	41.8
Dental Officers	88	27.6
Dental Technicians	9	7
Domestic Helps	—	1,117
Domestic Help Organisers	23	22
Health Visitors, Tuberculosis and Clinic Nurses	358.6	321
Midwives, Home Nurse Midwives and Home Nurses	411	374.2
Non-Medical Supervisors of Midwives and Superintendents of Home Nurses	8	8
Occupational Therapists	2	1
Oral (Dental) Hygienists	2	—
Superintendent Health Visitors	11	11

*3 Students equivalent to 1 Nursery Nurse or Nursery Assistant

SECTION I—STATISTICAL

Acreage

The area of the Administrative County as given in the preliminary report of the 1961 census was 959,792 acres, or about 1,500 square miles. The revised figures for the areas of County Districts and Health Areas are given in Table I on page 103.

Vital Statistics

As requested by the Ministry of Health, certain vital statistics relating to mothers and infants are given below. The statistics for 1960 are also given for comparative purposes.

Live Births—	1961	1960
Number	31,268	30,195
Rate (per 1,000 population)	16.8	16.4
Percentage registered as illegitimate	4.2	3.8
Stillbirths—		
Number	528	517
Rate (per 1,000 births)	16.8	16.8
Total Births (live and still)	31,796	30,712

Infant Mortality—

Number of deaths under one year	577	563
Rate per 1,000 live births (all infants)	18.5	18.6
Rate per 1,000 live births (legitimate infants)	18.2	18.6
Rate per 1,000 live births (illegitimate infants)	23.7	20.0
Neonatal (first four weeks) mortality rate	13.8	13.7
Early neonatal (first week) mortality rate	12.5	11.9
Perinatal (stillbirths and first week) mortality rate	28.9	29.0
Maternal mortality (including abortion)—		
Number of deaths	7	6
Rate per 1,000 total births	0.22	0.20

Most of these statistics are commented upon in detail elsewhere in this Report. In Table I on page 103 there will be seen details of the population and principal vital statistics for the eleven Health Areas and the two County Districts with delegated powers. Tables II and III give details of deaths by cause. Figures are also given for other county districts. As in previous years, difficulty was experienced in calculating vital statistics for the Mid-Essex and Forest Health Areas due to the fact that each includes part of the Epping and Ongar Rural District. In general, vital statistics given for these two Health Areas refer to the Area less the portion of 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.

The remainder of this section is devoted largely to a discussion of the figures in Tables I, II and III.

Population

The preliminary report on the 1961 census was published in June and gave 1,859,449 as the population of the County on Census night, 23rd April. The increase of population since the last census in 1951 was 258,120, the largest increase for any local health authority in England and Wales. Only two other authorities (Hertfordshire and Lancashire) had increases of over 150,000. The rate of increase (at 16.1%) was not so remarkable, being exceeded by seven large and two small administrative counties and was less than half that in Hertfordshire and Berkshire. The ratio of females to males was 1.057, compared with 1.080 in 1951 and a national rate (in 1961) of 1.066.

In the intercensal period, the number of private households in the Administrative County increased by 106,456, more than any other county (Lancashire 92,191, Kent 74,424 and Hertfordshire 74,040 being next in order) and the number of dwellings by 144,180, a figure just exceeded by the Administrative County of London, where the number of dwellings increased by 145,570 in spite of a decrease of 11,252 in the number of households and a decrease of 152,842 in the total population.

The following table shows the relative importance of natural increase and of migration as causes of the increase of population in the last ten years in the County as a whole and some of its more important constituent parts :—

	Population Census 1961	Intercensal Increase in Population	Estimated Natural Increase	Estimated Net Migration
Colchester M.B.	65,072	7,623	2,442	5,181
North-East Essex Area	131,506	4,886	— 1,094	5,980
Chelmsford M.B. and R.D.	97,836	20,684	5,117	15,567
Remainder of Mid-Essex Area	128,721	12,595	4,768	7,827
Basildon U.D.	88,459	45,079	7,468	37,611
South-East Essex Area	97,261	37,124	2,521	34,603
Brentwood U.D.	51,959	22,062	1,586	20,476
Hornchurch U.D.	128,127	24,035	8,223	15,812
Thurrock U.D.	114,302	32,194	9,859	22,335
Chingford M.B.	45,777	— 2,578	1,680	— 4,258
Wanstead & Woodford M.B.	61,259	— 364	639	— 1,003
Chigwell U.D.	61,001	9,199	4,219	4,980
Remainder of Forest Area	112,089	62,061	11,735	50,326
Romford M.B.	114,579	26,577	12,179	14,398
Barking M.B.	72,282	— 5,888	3,342	— 9,230
Dagenham M.B.	108,363	— 6,205	7,815	—14,020
Ilford M.B.	178,210	— 6,496	2,812	— 9,308
Leyton M.B.	93,857	—12,121	— 311	—11,810
Walthamstow M.B.	108,788	—12,347	2,012	—14,359
Administrative County	1,859,448	258,120	87,012	171,108

*The figures for Mid-Essex exclude and the figures for Forest include the whole of the Epping & Ongar Rural District.

Natural increase accounted for rather over a third of the increase of population and births exceeded deaths, except in North-East Essex and Leyton. The extent of the natural increase varied considerably and was dependent partly on the population structure of the area and partly on the amount of migration (mostly of young couples) into the area.

The last column of the table gives an estimate of the net migration, that is balance of inward over outward migration over the ten-year period. The Boroughs in the south-west of the County have all lost population by migration. The largest increases were in the northern part of the Forest Area (which includes the Harlow New Town), the south and south-east of the county (including the Basildon New Town) and in and around Chelmsford.

The Registrar General's estimated home population of the Administrative County at 30th June, 1961 was 1,861,890. The preliminary census population and the mid-1961 estimates for each County District and Health Area are given in Table I.

Births

The number of *live births* registered during the year was 31,268, giving a crude live birth rate of 16.8 compared with 16.4 in 1960, 15.9 in 1959 and 15.8 in 1958.

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 16.0 compared with a rate of 17.4 for England and Wales.

The increase in the birth rate was not general throughout the County. Substantial increases occurred in North-East and South-East Essex, Chelmsford, Dagenham, Leyton and Walthamstow, while decreases occurred in Romford, Hornchurch and Barking. In other parts of the county there was no significant change.

The number of births registered as *illegitimate* was 1,326 (19 of which were stillborn). This was 4.2 per cent of the total number of births compared with 3.8 per cent in 1960 and 3.6 per cent in the previous two years. In the following table the illegitimacy rate in various parts of the county is given for the two years periods 1958-59 and 1960-61.

	1958-59	1960-61
Leyton M.B.	4.4	6.3
Rest of Metropolitan Essex except Hornchurch U.D.	3.6	4.1
*Metropolitan Fringe	2.3	2.6
Basildon U.D.	2.2	3.0
Thurrock U.D. and South-East Essex Health Area	3.6	3.6
Colchester M.B., North-East and Mid-Essex Health Areas	4.9	5.1
Administrative County	3.6	4.0

*Brentwood, Epping, Harlow, Hornchurch and Waltham Holy Cross Urban Districts and Epping & Ongar Rural District.

The illegitimacy rate was high in Leyton and rural Essex. It rose in most parts of the County but only to a significant extent in Metropolitan Essex as a whole and Basildon. The rise in rural Essex occurred predominantly at Colchester and Chelmsford.

There were 528 *stillbirths* registered during the year (517 in 1960) giving a stillbirth rate of 16.6 per 1,000 total births. The movement of the stillbirth rate in the last ten years is as follows :—

1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
21.6	20.8	22.7	21.7	19.4	21.1	18.3	17.8	16.8	16.6

The rate fluctuated around a value of 21 per 1,000 births until 1957 but has declined in each of the last four years.

The number of *premature births* notified was 2,057 (270 of which were stillborn) compared with 2,050 in 1960. The number of premature births expressed as a percentage of total births for the last nine years is as follows :—

1953	1954	1955	1956	1957	1958	1959	1960	1961
6.5	6.9	6.6	6.6	6.8	6.4	6.5	6.7	6.5

The percentage of babies weighing 5½ lbs. or less at birth has varied very little in the last eight years. The percentage of babies in each weight group has also remained fairly constant, 46% weighing over 5 lbs. and only about 16% under 3 lbs. 4 ozs.

Infant Mortality

There were 577 deaths of infants under one year of age, giving an infant mortality rate of 18.5 per 1,000 live births compared with 18.6, 20.0 and 17.7 in the previous three years. The following table sets out for the last eight years mortality rates per 1,000 live births in various periods of the first year of life.

	1954	1955	1956	1957	1958	1959	1960	1961
Early neonatal mortality (first week)	12.8	14.2	11.4	12.0	11.1	12.8	11.9	12.5
Late neonatal mortality (second, third and fourth weeks)	2.3	1.6	3.4	1.7	1.8	1.9	1.8	1.3
Neonatal mortality (first four weeks)	15.1	15.9	14.8	13.7	12.9	14.8	13.7	13.8
Post-neonatal mortality (one month to one year)	5.9	6.2	5.5	5.6	4.8	5.2	5.0	4.7
Infant mortality	21.1	22.1	20.3	19.3	17.7	20.0	18.6	18.5

There has been very little change in the early neonatal mortality rate but mortality after the first week has been falling and in 1961 reached the very low level of 6.0 per 1,000 births, so that more than two-thirds of the deaths in the first year occurred in the first week following birth.

The infant mortality rate for illegitimate infants was 23.7 (20.0 in 1960 and 30.8 in 1959) compared with 18.2 (18.6 in 1960 and 19.6 in 1959) for legitimate infants. The illegitimate rate fluctuates considerably as it is based on few deaths (31 in 1961). The excess mortality during the last two years has been less than the average excess for the preceding five years.

Perinatal Mortality

The perinatal mortality rate was 28.9 per 1,000 total births compared with 29.0 in 1960. The figures for the past ten years are as follows :—

1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
35.1	34.2	35.2	35.6	30.5	32.8	29.2	30.4	29.0	28.9

Perinatal mortality is falling but at a very slow rate.

Now that three years' figures are available for County Districts the opportunity has been taken of examining perinatal mortality within the County. Three years is too short a time for the figures of the smaller districts to have any meaning. County Districts have, therefore, been grouped so that each group had at least 2,500 births in the three years. The results are presented in the map on page 112. Two areas had rates significantly higher than the County rate. They were Thurrock U.D. and the group of four districts centred on Braintree but in several other groups the rate was near to the conventional levels of significance. There seems to be a tendency for low rates in the proximity of hospitals with substantial maternity departments and high rates where institutional maternity provision is below average. Economic factors are probably also important, since parents of lower income groups tend to have more children of low birth weight and perinatal mortality is closely related to birth weight (see page 18 of my report for 1960). This would explain some of the variations in rates in Metropolitan Essex.

Deaths from all causes

The number of deaths registered during the year (after adjustment for inward and outward transfers) was 19,418 (18,349 in 1960 and 18,727 in 1959). The crude death rate was 10.4 per 1,000 population compared with 10.0 in 1960 and 10.3 in 1959.

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 11.5 compared with 11.0 in 1960 and 11.4 in 1959 and the England and Wales rate of 12.0.

In most Health Areas, the crude death rate was higher in 1961 than in either of the two preceding years but in South Essex and in the Urban Districts of Basildon the rate was the lowest of the three years and in South-East Essex and Forest the rate was lower in 1961 than 1959. So far as the Forest area is concerned, the result is due to Harlow with a low death rate in 1961, associated perhaps with the abnormal age distribution there. The remainder of the Health Area followed the county pattern. It seems clear, however, that the south of Essex did not suffer from the general increase in mortality in other parts of the county.

At the foot of Table II on page 104 is shown the number of deaths in each age group in 1961 and each of the previous five years. Below the age of 25, the number of deaths is small and the 1961 figures are not significantly different from those in recent years. Owing to the increasing population, total deaths tend to increase year by year. Bearing this in mind, mortality rates were similar to those in 1959 except for men of over 75 and women of over 65 where the increases were too large to be explained in this way.

Compared with 1958 and 1960, mortality rates were higher for men over 25 and women over 45.

Tuberculosis Deaths

Deaths numbered 97 of which 12 were non-respiratory compared with 118 (12 non-respiratory) in 1960. The deaths from all forms of tuberculosis in the last ten years were as follows :—

Year	Males						Females					
	0—	25—	45—	65—	75—	Total	0—	25—	45—	65—	75—	Total
1952	5	45	89	33	7	179	14	42	33	10	2	101
1953	8	41	95	36	13	193	13	43	25	9	9	99
1954	4	27	58	26	13	128	9	29	19	11	4	72
1955	7	16	46	33	11	113	7	20	14	6	9	56
1956	1	18	47	28	9	103	2	15	13	5	3	38
1957	1	18	48	23	13	103	2	19	11	8	5	45
1958	4	5	40	28	20	97	5	7	16	9	4	41
1959	1	15	32	25	10	83	2	9	16	3	1	31
1960	—	8	30	33	14	85	1	13	7	10	2	33
1961	1	3	36	16	9	65	3	7	13	7	2	32

Female deaths remained at about the same level as the last two years and the decrease in deaths was mostly in men over 65. It is encouraging to be able to report this, as there had been little improvement in the mortality of this age group over the last ten years. It would not, however, be wise to deduce any lasting change from the figures for one year.

Cancer Deaths

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

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Stomach	488	510	451	493	492	470	484	532	507	461
Lung & bronchus	534	594	637	653	755	788	751	881	898	935
Breast	314	305	308	323	338	355	337	368	387	385
Uterus	113	104	106	132	119	113	127	130	138	134
Other sites	1,561	1,574	1,589	1,616	1,631	1,734	1,669	1,736	1,759	1,800
Leukaemia & aleukaemia	83	80	91	109	106	86	125	112	121	109
TOTAL	3,093	3,167	3,182	3,326	3,441	3,546	3,493	3,759	3,810	3,824

There were increases in the numbers of deaths from cancer of the lung and other sites, decreases from cancer of the stomach and from leukaemia while there was little change in the number of deaths from cancers of the breast and womb. Overall the increase was no more than would be expected in view of the steady increase in population. The age distribution of cancer deaths is as follows :—

Year	Males						Females					
	0—	25—	45—	65—	75—	Total	0—	25—	45—	65—	75—	Total
1952	14	85	614	503	368	1,584	27	119	554	391	418	1,509
1953	20	91	648	531	409	1,699	19	97	540	413	399	1,468
1954	27	90	666	526	380	1,689	25	109	561	384	414	1,493
1955	32	97	636	541	405	1,711	28	127	594	426	440	1,615
1956	37	80	719	565	418	1,819	29	113	567	440	473	1,622
1957	26	79	687	610	465	1,867	18	131	626	448	456	1,679
1958	35	72	743	586	461	1,897	23	95	597	447	434	1,596
1959	38	96	814	632	483	2,063	22	102	608	464	500	1,696
1960	24	82	828	649	465	2,048	23	114	593	495	537	1,762
1961	27	96	820	623	512	2,078	26	104	627	498	491	1,746

Increases in the number of deaths occurred principally among men over 75 and women between 45 and 65. In spite of an increase of 28 deaths from lung cancer, total cancer deaths in men between 45 and 65 decreased slightly.

Deaths from Diseases of the Circulatory System

The numbers of deaths from diseases of the circulatory system including vascular lesions of the nervous system since 1954 were as follows :—

Disease	1954	1955	1956	1957	1958	1959	1960	1961
Vascular lesions of the nervous system	2,168	2,274	2,460	2,382	2,365	2,426	2,443	2,619
Coronary disease, angina	2,422	2,506	2,653	2,794	3,006	3,102	3,270	3,451
*Other heart disease	2,862	3,010	3,135	2,904	2,955	2,816	2,609	2,676
Other circulatory disease	748	760	795	767	785	836	883	929
TOTAL	8,200	8,550	9,043	8,848	9,121	9,180	9,205	9,675

*including hypertension with heart disease.

Between 1956 and 1960, total deaths in this group, which is responsible each year for about half the overall mortality, increased slowly although an increasing proportion of the deaths were attributed to coronary disease. But in 1961, there was a sharp increase which affected each individual cause. The

following table shows that the increase occurred in each age group from 45 upwards and also among younger men.

Year	Males						Females					
	0—	25—	45—	65—	75—	Total	0—	25—	45—	65—	75—	Total
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
1960	9	100	1,117	1,279	1,865	4,370	7	58	563	1,146	3,061	4,835
1961	9	117	1,208	1,350	1,967	4,651	9	55	597	1,195	3,168	5,024

When the deaths in 1961 are compared with those for the previous seven years, the female increases are seen to be unremarkable. Under 75, the number of female deaths has fluctuated within narrow limits. For older women the number of deaths has increased year by year ; an increase associated particularly with deaths attributed to vascular lesions of the nervous system. For men, deaths attributed to coronary disease have increased during the period at all ages. For men under 65, deaths from the disease group as a whole reflect this increase, but over the age of 65, increases in deaths attributed to coronary disease have been offset by decreases in those attributed to "other heart diseases."

Deaths from Diseases of the Respiratory System

The following table sets out the number of deaths since 1954 ascribed to influenza, pneumonia, bronchitis and other respiratory diseases.

	1954	1955	1956	1957	1958	1959	1960	1961
Influenza	40	80	97	226	93	249	31	181
Pneumonia	720	883	868	927	970	1,174	1,010	1,206
Bronchitis	746	893	1,051	910	1,009	968	855	1,092
Other respiratory diseases	148	168	156	155	175	184	165	169
TOTAL	1,654	2,024	2,172	2,218	2,247	2,575	2,061	2,648

There was an outbreak of influenza early in 1961 which did not give rise to so many deaths as the two previous ones in 1957 and 1959 but deaths from pneumonia and bronchitis were more numerous than usual. The increases were, however, virtually confined to the elderly especially those over 75 years of age. By contrast mortality from pneumonia among infants has been less than usual in the last two years. The following figures showing the death rate from pneumonia of children under one year per 1,000 live births illustrate this :

1954	1955	1956	1957	1958	1959	1960	1961
2.5	2.7	2.8	2.4	2.7	2.8	2.1	1.9

Maternal Deaths

There were seven maternal deaths giving a maternal mortality rate per 1,000 total births of 0.22 compared with six deaths and a rate of 0.20 in 1960 and 8 deaths and a rate of 0.27 in 1959.

Accidental deaths and suicide

The trend in the number of deaths from accidents and suicide since 1954 is given below :—

	1954	1955	1956	1957	1958	1959	1960	1961
Motor vehicle accidents	149	162	167	163	174	193	223	213
Other accidents	262	273	298	312	308	295	298	289
Suicide	167	170	214	174	190	173	185	160

There were small decreases in the number of deaths from both types of accidents and a larger one from suicide. Mortality from motor vehicle accidents remained higher than for any other year except 1960 ; mortality from other types of accidents was rather below that for recent years and mortality from suicide was lower than any year since 1953.

Compared with 1960, there were fewer deaths of boys and middle aged men from motor vehicle accidents but 49 men between 15 and 25 lost their lives compared with 33 in 1960, 53 in 1959 and an average of 26 for the years 1954-58.

For the first time (at least for many years) more women committed suicide than men. There was a sharp decrease in the number of men committing suicide while the number of women taking their own lives remained at about the level of recent years. The trend in suicides over the past 12 years is given in the following table :—

Years	Males				Females			
	Under 45	45-64	65 and over	Total	Under 45	45-64	65 and over	Total
1950-52	91	105	79	275	54	76	35	165
1953-55	68	151	85	304	45	80	51	176
1956-58	100	149	82	331	59	117	71	247
1959-61	74	128	68	270	69	130	49	248

Suicides increased during the early 1950's to a peak in 1956 when 128 men and 86 women took their own lives. Since then the numbers of men and older women committing suicide have tended to decrease but the number of women under 65 years of age committing suicide has continued to increase.

Morbidity

The number of new claims for sickness benefit recorded in the 52 weeks ended 2nd January, 1962, at local offices of the Ministry of Pensions and National Insurance in the County was 282,622.

The figures (in thousands) for the last ten years were as follows :—

1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
200.1	233.8	206.3	233.1	235.1	299.4	243.6	278.3	251.5	282.6

The number of new claims in 1961 was higher than in 1959 but less than in 1957, the two previous years with widespread influenza epidemics. The following table giving the average number of claims per week in two periods of the year, shows that the 1961 influenza epidemic occasioned fewer claims than the 1959 epidemic and the increase over that year was due to a continuing trend to more claims in the remainder of the year.

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
1960	6,287	4,402
1961	8,568	4,495

SECTION II—GENERAL STAFF

Central Office

Dr. J. G. Fife commenced duty as Senior Medical Officer for Mental Health on 6th November, 1961, in succession to Dr. M. E. York-Moore who resigned on 17th September, 1961. Mr. W. E. Cooke took up his duties as County Ambulance Officer on 2nd January, 1961, following the vacancy caused by the sudden death of Mr. G. F. Austin, to which reference was made in the Report for 1959. Mr. D. J. Norris commenced duty on 1st November, 1961, having been appointed to the newly created post of Organiser of Training Centres.

Combined Medical Services

After over 36 years work in the Public Health Services in Essex, Dr. W. T. G. Boul retired from the appointment of Medical Officer of Health, Thurrock Urban District Council, and Area Medical Officer/Divisional School Medical Officer, South Essex Health Area, on 30th April, 1961. He was

succeeded on 1st May, 1961, by Dr. R. D. Pearce, Medical Officer of Health for Brightlingsea, Clacton and Frinton and Walton Urban District Councils and Tendring Rural District Council and Assistant County Medical Officer.

The vacancy arising from Dr. Pearce's new appointment was filled on 17th July, 1961, by Dr. R. A. Stenhouse, formerly Medical Officer for After-Care Services, West Ham County Borough Council.

Dr. D. T. Jones, an Assistant County Medical Officer of Health, South Essex Health Area, commenced duty as Medical Officer of Health, Brentwood Urban District Council and Assistant County Medical Officer on 1st April, 1961, succeeding Dr. G. T. B. Mackinnell-Childs, who resigned on 2nd January, 1961. Dr. J. J. Slome commenced duty as Deputy Medical Officer of Health, Borough of Barking, and Assistant County Medical Officer on 1st May, 1961, filling the vacancy arising from the appointment, mentioned in the Report for 1960, of Dr. Margaret I. Adamson as Medical Officer of Health, Area Medical Officer/Divisional School Medical Officer, Barking.

Dr. Helen E. Mair resigned as Deputy Medical Officer of Health, Dagenham, and Assistant County Medical Officer on 30th April, 1961. At the end of the year arrangements were in hand to fill the vacancy.

Assistant County Medical Officers of Health

There were 8 changes in the staff of Assistant County Medical Officers of Health. The vacancies were filled without undue difficulty.

Additional Staff

During the year seven additional posts of chiropodists were created (making 61.4 in all) for the expanding chiropody service in an endeavour to provide a minimum ratio of one whole-time chiropodist to each 50,000 of the population throughout the Administrative County. Unfortunately recruitment proved very difficult and in effect only one of the additional posts had been filled by the end of the year.

It was decided to create two whole-time posts of dental auxiliary with a view to participating in the experimental scheme of the General Dental Council for the training and employment of this new category of ancillary dental worker, with the hope that it would be possible to obtain two auxiliaries at the end of the first training course in September, 1962.

As a further step in the phased annual programme to bring the establishment of health visitors up to the ratio of one health visitor for each 4,000 of the population, as provided in the County Council's Proposals under the National Health Service Act, 1946, 19 additional posts of health visitor were created during the year. The increase ensured a minimum ratio in each Health Area of one to 5,750 pupils. This programme will, it is hoped, enable the appointment of health visitors to be made to undertake the combined duties

of health visitor, school nurse and tuberculosis visitor and thus meet the recommendations of the Ministries of Health and Education that the health visitors' work should relate to the family as a whole. Approval in principle was given to the appointment of group advisers but final determination of the matter in relation to the effect on the health visiting establishment was adjourned pending the promulgation of a salary scale and conditions of service for this grade of health visitor.

In view of the continued difficulties in recruitment of health visitors the number of sponsored student health visitors undertaking training for the Health Visitor's Certificate at the South-East Essex Technical College, Dagenham, was increased from 16 to 20 and the conditions of service relating to the posts of student health visitor were slightly revised in order to make them more attractive. In view of this, and as the County Boroughs of East Ham and West Ham also send students to the course, an additional post of health visitor tutor was created, the existing Health Visitor Tutor being re-graded Principal Health Visitor Tutor. Unfortunately it did not prove possible to recruit a qualified tutor and during the latter part of the year Miss M. M. Stower, formerly a Health Visitor in the Ilford Health Area, was appointed to the post subject to her being accepted for and satisfactorily completing the course of training for the Health Visitor Tutor's Certificate of the Royal College of Nursing. At the end of the year arrangements had been made for Miss Stower to be seconded on her existing salary and conditions of service to the College to assist the Principal Health Visitor Tutor pending the commencement of her training.

Considerable difficulty had been experienced in filling the post of Midwifery Tutor on the staff of the Lady Rayleigh Training Home, created in 1959, and the appointment was offered to Miss A. M. Delves, Midwife on the staff of the Training Home, subject to her being successful in obtaining the Midwifery Teacher's Diploma for which she was at the time studying.

In the Report for 1960 reference was made to the difficulties being encountered in filling the vacancy of Assistant Chief Dental Officer on the staff of the Central Office. The difficulties continued and it was decided, in order to ensure a more effective day-to-day supervision of the County Dental Service, and to provide better career prospects for dental officers entering the School Health Service, to create 12 posts of Area Dental Officer. The post of Assistant Chief Dental Officer was deleted from the establishment.

Refresher Courses

One Area Medical Officer and six Assistant County Medical Officers attended a week-end refresher course, and four Assistant County Medical Officers a post-graduate course, arranged by The British Post-Graduate Medical Federation. A refresher course organised by the Society of Medical Officers of Health on "The Developmental Progress of Infants and Young Children" was attended by four Assistant County Medical Officers. An Area Medical

Officer attended a course on "The Mental Development and Diagnostic Testing of the Very Young" at the Child Development Research Centre, London, and four Medical Officers were present at a short course on "The Deaf Child" at the Institute of Laryngology and Otology. The Chief Dental Officer and seven Dental Officers attended a refresher course on "Children's Dentistry" organised by the Society of Medical Officers of Health, and a Public Health Inspectors' Course arranged by the Ministry of Health was attended by the County Health Inspector. One hundred and fifty eight Health Visitors, Midwives, Home Nurse Midwives, and Home Nurses were sent to refresher 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.

Two Non-Medical Supervisors of Midwives and Superintendents of Home Nursing attended a course organised by the Association of Supervisors of Midwives and two Superintendent Health Visitors attended a special refresher course arranged by the Women Public Health Officers' Association. A course on "Hearing Testing Techniques" at the Institute of Laryngology and Otology was attended by three Health Visitors. A course for Nursery Matrons, organised by the Royal College of Nursing, was attended by six such officers. Two Mental Welfare Officers commenced attendance at a course of 30 weekly sessions on "Human Relations," arranged by the Middlesex County Council and two attended a mental health and social work training course over one academic year at the Cambridgeshire College of Arts and Technology. An Occupational Therapist attended an appropriate refresher course organised by The Association of Occupational Therapists. A course organised by the National and Local Government Officers Association on "Social Work and Administration" was attended by a Senior Administrative Officer, and two such officers attended a refresher course organised by the Association of Public Health Lay Administrators.

Transport for Staff

The arrangements whereby certain members of the staff of the Health Department are provided with County cars or authorised to use their privately owned vehicle on County business continued as in former years.

Previously it was the general policy of the County Council to allocate a County car to any officer whose annual official mileage was in the region of 6,000 or above. On 1st October however a new scheme was introduced which gave officers the option of using their own vehicles on County business irrespective of their annual mileage provided they were prepared to accept a reduced rate of allowance for all official mileage travelled in excess of 6,500 per annum.

Previously all loans under the Council's Assisted Car Purchase Scheme were made only in respect of new cars. A modification was introduced with effect from 1st October, 1961 to extend the scheme to dependable second-hand cars not more than three years old. This relaxation of the original rule resulted in 17 officers using County cars purchasing private cars and being authorised to use them on County business. In addition six officers were able to replace their older cars with more up-to-date vehicles.

At the end of the year 724 members of the staff were authorised to use motor transport in connection with their official duties. The 724 vehicles were made up as follows—242 cars, 5 vans and one Bedford "Utilibrake" provided by the County Council together with 476 privately-owned cars, motor cycles and scooters.

As an aid to recruitment and in an attempt to overcome the shortage of midwives, it was decided towards the end of the year that as an experiment and subject to review at the end of a year's working, the cost of car driving tuition, for not exceeding 12 lessons in any case, incurred by midwifery staff appointed to the Council's service would be met by the County Council.

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 1961 totalled 5,148 (990 on behalf of other local authorities) compared with 6,042 the previous year and 4,411 in 1959.

SITES AND BUILDINGS

Health Services Clinics

A new clinic was opened at Coram Green, Hutton and an extension was added to the existing clinic at Laindon.

Work was commenced on new clinics at Cranham and Mistley and on extensions to those at Romford and Maldon.

Preparations were in hand at the end of the year for the erection of a new clinic at Hockley but, owing to difficulties experienced in obtaining possession of the site, it was not possible to place the order.

An indication was received from the Ministry of Health that loan consent would be forthcoming during 1961-62 for new clinics at Basildon, Harold Wood, Chelmsford (Moulsham Lodge Estate), Wickford and Harwich and that, subject to the Minister being satisfied as to the need in each case, consent would be likely to be given during 1962-63 for new clinics at Chadwell Heath, Gt. Baddow and Walthamstow.

Approval was also received to the extension of the Culver Street Clinic, Colchester, but, following a request from the Colchester Borough Council, to whom certain health functions are delegated under the Local Government Act, 1958, that a new central clinic should be built on a nearby site to replace the present building, the project did not proceed and the Borough Council were authorised to undertake the provision of the new clinic.

Day Nurseries

A tender was accepted for the erection of a new day nursery at Basildon and terms were agreed with the Leyton Borough Council for the leasing of a site for the erection of one at Leyton for which tenders were invited at the end of the year.

The erection of a new day nursery at Chelmsford was unable to proceed owing to difficulties concerning the site, and arrangements were made for the extension of the lease of the site of the present nursery until December, 1963.

Ambulance Stations

New ambulance stations for 20 vehicles each were opened at Buckhurst Hill and Whipps Cross, Leyton, and the building of a new station at Romford was commenced.

A site was acquired for the erection of an ambulance station at Basildon and approval was received from the Minister of Health for the erection of new stations at Clacton-on-Sea, Harlow and Thurrock.

Training Centres and Hostels for the Mentally Disordered

Work was commenced on the erection of comprehensive training centres at Harold Wood Hall, Romford and at Basildon.

A start was also made on the construction of a residential hostel in Colchester to accommodate 24 mentally disordered children.

Housing for Nursing Staff

New houses were completed at Manuden and South Benfleet, one was purchased at Rayleigh and a start made on the erection of a house at Castle Hedingham. An extension was added to the Nurses Training Home at Colchester to provide improved duty rooms and cloakrooms.

General

In April the Ministry of Health requested the submission of a capital building programme for 1962-63 and a provisional programme for 1963-64. Programmes were duly submitted and in November the Ministry indicated that in addition to those projects already provisionally approved for 1962-63, loan consent would be likely to be forthcoming during that year for the erection of an advanced training unit in Metropolitan Essex, senior training centres at Leyton and Clacton-on-Sea, a hostel for the mentally ill at Colchester and an ambulance station at Wickford.

DECENTRALISATION OF ADMINISTRATION

The arrangements for the decentralisation of certain health functions to the 11 Health Area Sub-Committees continued to operate smoothly throughout the year.

Conferences with Area Medical Officers were held on two occasions when, amongst others, the following subjects were discussed: the medical examination of voluntary workers and child-minders, the use of flame-resistant nightwear by children, the supply of sterile syringes and needles, a survey on the topography of cancer in Essex, the Cranbrook Report on the Maternity Medical Services and the Report of the Sub-Committee on the Prevention of Prematurity and the Care of Premature Infants.

LOCAL GOVERNMENT ACT, 1958—DELEGATION OF HEALTH (AND WELFARE) FUNCTIONS

Towards the end of 1958 the Colchester Borough Council and the Basildon Urban District Council, with populations at that time (mid-year 1958 estimates) of 63,510 and 72,540, respectively, gave formal notice of their intention to make schemes for the exercise of health (and welfare) functions on behalf of the County Council in accordance with Section 46 of the Local Government Act 1958. Later on, when draft schemes of delegation had been submitted, negotiations took place between the Ministry of Health, the two County District Councils concerned and the County Council, as a result of which agreement was reached in time for the schemes to become effective on 1st April, 1961 and by the end of the year it can be said that the arrangements were working quite satisfactorily.

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.

The National Health Service Joint Advisory Committee for Essex, which represents the County Council, the North-East Metropolitan Regional Hospital Board, the Essex Executive Council, the Essex Local Medical Committee, the Local Dental Committee, and the Local Pharmaceutical Committee met on two occasions during the year, when discussion took place on such subjects as the report of the Inter-departmental Committee on Drug Addiction, the use of convalescence facilities, the progress of the local health services in the New Towns, the development of the mental health service, difficulties arising in certain circumstances when casualty patients taken to hospital by ambulance return home by public transport and the production of a poster by the County Council warning the public of the serious consequences which can arise if an injured person is taken to hospital other than by ambulance.

OVERSEAS VISITORS

During the year, at the request of the Ministry of Health, arrangements were made for a number of overseas medical and dental officers, who had been awarded World Health Organisation Fellowships, to see something of the County Council's health services.

On 26th January, Dr. Rudko, Chief Dental Officer of the U.S.S.R. Ministry of Health, was taken to see a number of dental clinics in both urban and rural areas and similar arrangements were made on 3rd August for Dr. Sadi, Chief Dental Officer, Ministry of Health, Iran.

Early in July Mr. M. M. Hamissa of the United Arab Republic, who was taking a course of study on health and welfare work, spent a week in Essex. A programme was arranged to show Mr. Hamissa the working of the health education service, the nursing services, including training of student nurses and pupil midwives, and the mental health service; visits were also made to a day centre for physically handicapped children, a health centre, and ambulance stations and controls.

Early in September Dr. A. K. Tural of Turkey spent two days in the County in order to see something of the local health services provided in the Basildon and Harlow New Towns.

In November Dr. Ven-Chaio Chang, Assistant Director of the Department of Health Administration, Republic of China, spent a week in Essex visiting rural schools, clinics and housing schemes, water purification and softening plants, milk pasteurising plants and the Thames-side refuse tips.

In addition to the foregoing, arrangements were made on 18th May, at the request of the National Association for Mental Health, for two representatives of the Eire Mental Health Service to visit two of the County Council's new training centres.

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 (public supplies), milk, ice-cream, shellfish, etc., and sewage effluents to one of the Public Health Laboratories which are situated in Cambridge, Chelmsford, Ipswich, Southend-on-Sea, London (County Hall) and also to the Counties Public Health Laboratories in London.

The first five laboratories are available for bacteriological examinations only, such work being carried out free of charge under the National Public Health Laboratory Service. Chemical examinations are not covered by the scheme but the facilities of the Counties Public Health Laboratories are available for that purpose, and the cost of such examinations, and of any bacteriological work sent there, is borne by the County Council.

The following is a summary of the samples examined on behalf of the County Council and District Councils by these laboratories during 1961 :—

Nature of Samples	Samples examined by	
	Public Health Laboratories	County Public Health Laboratories
Milk	4,134 (1,354)	457 (537)
Ice cream (including lollies)	1,420 (1,243)	478 (528)
Other Foods	1,002 (794)	214 (178)
Water	1,139 (991)	534 (600)
Sewage Effluents	— (—)	57 (83)
Milk churns, bottles, cartons, etc.	582 (541)	— (—)

Note: Comparable figures for 1960 are shown in parenthesis

MILK SUPPLY

Milk (Special Designation) (Specified Areas) Orders

Since 1958, the whole of the County has been a specified area in which the use of a special designation in relation to milk sold by retail is obligatory.

Milk (Special Designation) Regulations 1960

These regulations came into force on 1st October, 1960 and a number of previous regulations, including the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949, were revoked shortly afterwards.

As hitherto, the County Council are responsible for the licensing and supervision of milk pasteurising and sterilising establishments and now also for the granting of Dealers (Pre-packed Milk) Licences authorising the use of any of the special designations "Tuberculin Tested," "Pasteurised" or "Sterilised" in that part of the County for which the Council are the Food and Drugs Authority. Thus the County Council's responsibility is now not only to ensure that milk is heat-treated in accordance with its description (Pasteurised or Sterilised) but that it complies with the relevant statutory requirements when sold to the public. The granting of milk producers' licences remains the responsibility of the Minister of Agriculture, Fisheries and Food but dairies rebottling raw "Tuberculin Tested" milk away from the farm come within the regulations and are regularly inspected.

Seven pasteurising plants and two sterilising plants were licensed and by the end of the year 541 Dealers (Pre-packed Milk) Licences had been granted.

The pasteurising and sterilising plants together treat approximately 30,000 gallons per day. Such premises were visited on a weekly basis, in the course of which 432 routine samples of milk were obtained. Milk dealers' premises were also visited, the aim being an initial inspection and sampling, including taking samples from milk-vending machines, on a routine quarterly basis. Less than three per cent of retailed milk is not heat-treated.

A Sampling Officer commenced duties on 1st April in order to augment milk sampling as required. The results of the total milk samples taken by Officers of the Department are as follows :—

	Pasteurised Milk			Sterilised Milk		Raw Tuberculin Tested Milk	
	No. of Samples	Failed Meth. Blue Test	Failed Phosphate Test	No. of Samples	Failed Turbidity Test	No. of Samples	Failed Meth. Blue Test
Licensed Heat Treatment Plants	358	6	Nil	74	Nil	—	—
Milk Retailers (March-December)	1,114	55	1	121	Nil	110	19*
Milk Vending Machines	135	5	Nil	—	—	5	—
Milk-in-Schools Scheme	480	30	1	—	—	—	—
School Meals Service	56	4	Nil	—	—	—	—
Training Centres and Residential Establishments	15	—	—	—	—	—	—
TOTALS	2,158	100(4.6%)	2(0.1%)	195	Nil	115	19(16.5%)

*Only one sample of raw tuberculin tested milk retailed by the producer failed to pass the statutory test.

The Milk and Dairies (General) Regulations 1959 govern milk control and cleanliness, with provisions applicable to its production, handling and storage, protection against contamination, cleansing and storage of vessels, conveyance and distribution, etc. 318 churn rinsings and 160 washed bottles were taken from time to time and submitted to bacteriological examination. The reports indicated that there were many occasions when churns and milk bottles were below the required standard and remedial action was taken.

The use of vending machines is becoming increasingly popular with the public for the ready purchase of milk and other foods. Samples of milk taken during the year did not show any marked degree of failure under the Methylene Blue Test, which is most likely to occur during a hot summer.

and in cases where sales are irregular. The milk is contained in either waxed containers of basic shape or polythene-lined tetrahedrons. One large dairy in the County packages pasteurised milk in containers of the latter shape by the Tetra Pack system.

Biological Sampling

Since 1959, when the whole of Essex became an "Attested Area," biological milk sampling has been confined to herds producing tuberculin-tested milk which is retailed without heat treatment.

Particulars of biological milk sampling during the year are as follows:—

No. of reports received	188
No. free from tuberculosis	188
No. inconclusive	—

Eighteen samples submitted for biological examination were also examined for the presence of brucella abortus but none was reported as being positive.

Milk-in-Schools Scheme

Milk supplies to schools continued to be kept under review during the year. All supplies are subjected to frequent sampling at the schools and the results are given in the Table on page 30. Complaints are investigated.

Ice-cream

During 1961, 30 of the 43 County District Councils in Essex exercised their sampling powers as regards ice-cream and made use of the appropriate Laboratories as follows:—

<i>Laboratory</i>	<i>No. of Authorities</i>	<i>No. of Samples</i>
Counties Public Health Laboratories, Victoria Street, London	10 (14)	365 (408)
Public Health Laboratory, County Hall, London	1 (1)	172 (120)
Public Health Laboratory, Cambridge	1 (2)	173 (165)
Public Health Laboratory, Ipswich	3 (3)	99 (73)
Public Health Laboratory, Southend	5 (4)	503 (416)
Public Health Laboratory, Chelmsford	12 (11)	240 (304)
	*32 (35)	1,552 (1,486)

Note: Figures in parenthesis relate to 1960. *Two authorities 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 scheme, samples continued to be examined by the methylene blue reduction test. The following table gives the results obtained throughout the year :—

Month	Grading				
	I	II	III	IV	Total
January,	37	4	—	—	41
February	49	4	—	—	53
March	73	1	1	4	79
April	95	15	5	4	119
May	170	15	3	12	200
June	153	35	18	17	223
July	146	45	17	15	223
August	148	46	18	7	219
September	113	31	5	10	159
October	81	18	6	1	106
November	67	6	4	2	79
December	44	4	—	1	49
TOTALS	1,176	224	77	73	1,550
PERCENTAGES	75.85	14.47	4.98	4.71	(Void 2)

The table shows the higher number of samples taken during summer as compared with winter and the higher proportion of Grades III and IV, both regarded as unsatisfactory, during the warmer part of the year.

The results, which differ very little from those of the previous year, may be regarded as generally satisfactory.

Samples submitted to the Counties Public Health Laboratories, London, were also submitted to a plate count and tests for determining the presence of coliform organisms, this form of test being more accurate than that generally employed. Useful comparison 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 Count (per ml.)	I	II	III	IV	Total
0—	108	2	—	—	110
250—	98(1)	7	2	3(1)	110
1,000—	26	10	3	—	39
2,500—	10	11	6	—	27
5,000—	9	6	1	—	16
7,500—	6	1	1	—	8
10,000—	8	12	10	7	37
50,000—	—	2	1	3	6
100,000—	—	2	1	4	7
250,000—	—	—	—	3	3
Void—	—	—	—	—	—
	265	53	25	20	363

Note: The figures in parenthesis relate to samples found to contain Esch. coli. Type I.

Some slight improvement is shown compared with the previous year but still too many Grades I and II samples were found to contain bacillus coli.

In the case of ice lollies also there is no definite bacterial standard. Of this commodity 113 samples were examined by the Counties Public Health Laboratories and the following table gives a summary of the results obtained. It shows the relationship between the pH and the plate count at 37°C.

pH				Plate Count (per ml.)
0—3	3.1—4	4.1—5	5.1—	
26	16	2	5	0—100
—	2	4	15	101—500
2	1	4	5	501—1,000
—	1	5	8	1,001—5,000
1	—	—	4	5,001—10,000
—	—	3	8	Over 10,000
29	20	18	45	

In non-technical terms, the more acid the lolly, the less likely is it to contain large numbers of bacteria, including coliform organisms. Two samples contained organisms of excremental origin.

Lollies vary considerably in description, proprietary or otherwise. They may be simple 'fruit lollies,' contain milk or ice-cream in some form and are now subject to a variety of flavouring syrups including banana, chocolate and even cider and coia. Simple fruit lollies may have a very low pH value, while those containing milk or ice-cream need to be higher to avoid curdling. The danger in the former case is that the lolly may be so acid that there may be a chance of teeth erosion and to avoid this a minimum pH of 3 is recommended. High plate counts appear to be usually associated with lollies containing ice-cream. It follows that hygienic methods, production, storage and distribution are obviously most important.

FOOD AND DRUGS ACT, 1955

I am indebted to the Chief Inspector of Weights and Measures for the following report on the work undertaken by his officers during 1961 in connection with the sampling of food and drugs in that part of the Administrative County for which the County Council are the Food and Drugs Authority.

During the year 1961 a total of 1,788 samples were procured of food and drugs on sale to the public. These samples were subjected to analysis with a view to ensuring that they conformed to such standards as were applicable, that they were pure and wholesome and contained only permitted preservatives.

Nine hundred and ninety-two samples were analysed in the Department's laboratory in Chelmsford and 796 were submitted to the Public Analyst for his report. This latter number includes all samples found unsatisfactory on preliminary test in the Department's laboratory. Only 27 samples were found to be unsatisfactory and details of these are now given. A full investigation was made in respect of each sample and the necessary action taken.

Milk

The unsatisfactory samples included ten samples of milk, of these seven were found to contain added water in quantities varying from a trace to 4 per cent. Two of the samples which were found to contain traces of added water were also deficient in fat to the extent of 9 and 10 per cent, respectively, of the minimum quantity of fat laid down in the Sale of Milk Regulations as proper to genuine milk, namely 3 per cent.

The remaining three unsatisfactory milk samples were deficient in fat in quantities varying from 5 to 14 per cent.

In connection with these unsatisfactory milks twenty samples were taken on "Appeal to Cow." All these were found to be satisfactory in respect of their fat contents, namely, that in all cases the fat was in excess of 3 per cent, but, on the other hand, five of the samples contained slightly less than 8.5 per cent of non-fatty solids, which confirmed the slight abnormality which had been noted during the examination of some of the original milks.

Channel Islands Milk

Milk sold under the special designation of Channel Islands is required to contain a minimum of 4 per cent of fat.

A sample of this grade of milk was found, on analysis, to contain only 3.71 per cent of fat and was therefore deficient in fat to the extent of 7 per cent of the special standard.

Pork Sausages

Two of the samples of pork sausages failed to make the standard of 65 per cent of meat which, in the opinion of the analysts, should be contained by pork sausages.

The two samples contained only 59 per cent of meat and were therefore deficient in meat to the extent of 9 per cent of the minimum quantity proper to pork sausages.

Pork Sausage Meat

A sample of pork sausage meat was found to contain :—

Meat	60 per cent
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and was therefore deficient in meat to the extent of 7 per cent of the amount proper to pork sausage meat, in the opinion of the Public Analyst.

Ham Sausages

Ham sausages are not a very common article of diet but in the analyst's view they should have the same meat content as pork sausages.

A sample, analysed during the year, was found to contain only 61 per cent of meat and was therefore deficient in meat to the extent of 6 per cent of the amount proper to ham sausages.

Beef Sausages

A special examination was made of a sample of beef sausages following a complaint of the presence of insect fragments in a sausage.

The sample submitted consisted of two portions of a sausage together with various insect fragments. The insect fragments were found to make up an almost complete blue bottle, *Calliphora Erythrocephala*, and from examination of the sample and of the specimens the opinion was formed that the blue bottle had been cooked in the sausage.

Slices of Bread

Three slices of bread which had been delivered to a customer on different days, were submitted for examination following a complaint that they all contained foreign matter.

Examination of these slices confirmed the presence of foreign matter which took the form of small pale brownish bodies embedded in the slices. In one slice the foreign matter was found to consist of a broad-horned flour beetle, in another of the head of a similar beetle and in the last sample of the meso and metathorax of a flour beetle together with some of its legs.

From examination of the insect fragments the analysts formed the opinion that their condition was consistent with them having been baked in bread.

Orange Drink

Two samples of orange drink, which were designed to be diluted before consumption, were both found, on analysis, to contain :—

Potable Fruit content	approximately 8 per cent.
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In reporting on these orange drinks the analysts expressed the opinion that the potable fruit content was poor for a soft drink which was designed to be diluted before consumption. These drinks, however, were ones of the newer comminuted fruit types, i.e. the type prepared from whole fresh oranges, and not merely from orange juice. Unfortunately at the present time the analysts are considerably handicapped in their judgment of this type of orange drink by the lack of a standard for potable fruit content.

The present Soft Drinks Order requires that $27\frac{1}{2}$ pounds of fresh fruit shall be used in the preparation of 10 gallons of final drink but regrettably no indication appears in the Order as to the minimum quantity of potable fruit which should be present in the final drink. Quite clearly the amount of orange in the drink will vary with the type of orange employed and also with the extraction process used by the manufacturer. In the analysts' view, however, 8 per cent from an original $27\frac{1}{2}$ lbs. of oranges is a very low recovery of the orange constituent but, nevertheless, from the reports of the Food Standards Committee this type of poor yield may be expected under some conditions.

Milk Tray Chocolates

This sample consisted of filled chocolates and analysis of the chocolate covering showed that it had been prepared from skimmed milk and contained no significant proportion of milk fat.

In the analysts' opinion the chocolate portion of an article described as "Milk Tray Chocolates" should be prepared from full cream milk and accordingly it was reported that the sample was misdescribed as "Milk Tray Chocolates."

Irish Coffee Milk Chocolate

This chocolate was labelled "Irish Coffee Milk Chocolate. Contains genuine Irish Whiskey. Chocolate for Adults", and the labels also depicted a glass full of Irish coffee, a concoction which contains a substantial proportion of whiskey.

Examination of the chocolate showed that it contained :—

Alcohol	0.26 per cent
Equivalent to whiskey of a strength of 70° proof	0.66 per cent

These results of analysis show that the chocolate contained a small proportion of whiskey but from tasting experiments it was found that this was insufficient to impart any significant whiskey flavour.

In reporting, the analysts expressed the view that the general inference from the label, taken as a whole, was that the chocolate contained a substantial proportion of whiskey and this was not borne out by analysis.

Golden Apricot Pulp

Three samples of Golden Apricot Pulp were submitted to analysis following a complaint from a school canteen that the pulp had a strong metallic smell and that the inner surfaces of the cans, in which the pulp was contained, were blackened and showed evidence of considerable attack by the fruit.

WATER SUPPLIES AND SEWERAGE

Rainfall for the year measured 22.95 inches (Langford Waterworks), being only 0.48 inches below the average at this station for the preceding 10 years. With a rainfall of 3.54 inches October was the wettest month.

The trend, which was accentuated in 1959, to sink boreholes or wells for the abstraction of underground water continued during the year. Applications made with this intention ranged from 500 to 2,500,000 gallons per day (the latter was required to augment a public supply) and were mainly for irrigation purposes. These came from different parts of the County, and not predominantly the north-east, as in 1960.

In accordance with the Underground Water (Controlled Areas) Regulations it is necessary for any person wishing to construct or extend a well, borehole, or do other work in the County for the purpose of abstracting water, other than for use in his own household, to obtain a licence from the Ministry of Housing and Local Government. The position still remains, however, that there is no statutory requirement that the County Council must be notified of such applications and although it is necessary for notice of such applications to be inserted in local newspapers it is not always that these come to the County Council's attention. This difficulty has been brought to the Minister's notice but no action has been taken.

The position of Essex with its problems of reducing water supplies and growing population is well known. Every application for the abstraction of water, whether from gravel pits, shallow or deep wells, needs to be carefully investigated. During the year 21 applications were so investigated, 6 being objected to on the grounds that sources of public water supply were likely to be affected and that underground water supplies should be under the control of the water undertaking in the area concerned. The Minister, however, has made it clear that he does not agree with the latter contention. In 7 cases the Minister saw fit to grant licences, but at the end of the year decisions concerning the remainder had not been made known. At Public Inquiries evidence was given by the appropriate members of the staff.

Particulars of applications made and licences granted during the year in respect of the abstraction of underground water are given in the Table on pages 41 and 42.

The question of land irrigation and other aspects of the water supply of Essex were duly dealt with in the Essex Rivers and Stour Hydrological Survey, undertaken by the Surface Water Survey, in a report presented to the Minister of Housing and Local Government in 1961. This report runs to 123 pages and deals with the whole of Essex with the exception of a short narrow strip down the west side, and includes some of Suffolk and a little of Cambridgeshire, the whole being loosely referred to as "Essex" in the text. The report states that there are in Essex 181 known irrigation installations and that while the present maximum daily water requirement for this purpose is estimated to be 11 million gallons, in 1970 some 19 million gallons may be required. The most common source of water for irrigation is the rivers but the river situation in Essex is such that any further development of irrigation therefrom would be injudicious. Whereas a considerable quantity of water abstracted from the ground for general supply is eventually returned to rivers as effluent, ground water used efficiently for irrigation is completely disposed of by evaporation and transpiration; none of it returns to the aquifer. A map forming part of the report indicates the positions of boreholes and the conclusion is reached that "The ground-water resources of the chalk and tertiaries in Essex are overdeveloped with the exception of the Stour Catchment area. Since the beginning of the century, water levels have fallen considerably and are still falling in many wells in South Essex."

It is expected that by 1980 the population of the area (which includes the areas of East Ham, West Ham, and Southend-on-Sea) will have risen to 2,090,000 and the water demand, at present 114 m.g.d. will have risen by 44 million to 158 m.g.d.

With the prospect of such a deficiency the report considers possible methods of water development. The maximum increase which could be obtained by fully developing the surface resources of the area is 14 m.g.d. It might be possible that 10 m.g.d. can be met by greater re-use of water, e.g., the treatment and re-use of sewage effluent and, regarding the River Stour, that some of the 4 m.g.d. allowed to pass Stratford St. Mary for amenity or navigational purposes could be pumped back from the tidal limit and a corresponding quantity added to the safe yield of Abberton reservoir, but, says the report, "Nevertheless a deficiency of 30 m.g.d. in water supply should be regarded as imminent."

The report ends on the following note : " There can be no doubt that in the area covered by this report water resources have been developed almost to the limit, and for the further needs of domestic and industrial consumption and agricultural expansion the area will have to look for additional supplies of water beyond the hydrometric boundaries."

In accordance with that last sentence the Metropolitan Water Board have agreed to augment the supplies of the South Essex Waterworks Company (who in turn augment the supplies of the Southend Waterworks Company) by 20 million gallons of raw water per day. This will necessitate the laying of a water main, the construction of a covered service reservoir and treatment works. Certain formalities will also be involved, including the making of an Order under the Water Act 1945 to facilitate its implementation. Such an Order has been promoted by the South Essex and Southend Waterworks Companies and is under consideration by the Minister. Entitled the South Essex Waterworks (No. 2) Order 1962, its general effect will be to apply to the Company's undertaking certain provisions of the Third Schedule to the Water Act, to make modifications and to repeal a number of local enactments. Allowing for all contingencies it has been estimated that water from the scheme should be available by 1965.

The two water companies concerned bear the brunt of the growing water demand since they serve heavily populated parts of the County and also have certain commitments outside their areas of supply. Their joint move to secure further supplies is a final step in a long series of meetings and negotiations in which the County Council have participated. The anticipated Order would apparently result in reducing the potential shortage of water in the county to 10 m.g.d. in 1980. In view of the possible water shortage the Order (section 18) provides that no one shall be entitled to demand a supply of water for other than domestic purposes in excess of 500,000 gallons in any day of 24 hours.

The Braintree and Bocking Urban District Council in June brought their new Codham Mill borehole into operation but it is not anticipated that the maximum abstraction will be effected until mid-1963, when the remainder of the Scheme, which includes mains, a softening plant and reservoir, has been completed.

In the north east of the County, where acceleration of the rate of development during the coming years may be anticipated, the Tendring Hundred Waterworks Company are considering the possibility of obtaining additional supplies from boreholes in the Samford Rural District on the north side of the Stour Valley.

The regrouping of water undertakings in the County is proceeding very slowly.

In the North-Essex area lack of progress resulted in the Minister deciding to make a compulsory Order under Section 9 of the Water Act 1945 for the regrouping of the water undertakings concerned, but in view of new negotiations he decided to suspend such action.

The authorities concerned in the Mid-Essex area agreed that regrouping should be by way of a Joint Board, and a Steering Committee was accordingly set up with a view to drafting the necessary Order.

In the north east of the County negotiations have resulted in a joint application being made by the Tendring Hundred Waterworks Company, the Urban District Councils of Clacton and Wivenhoe and the Rural District Council of Tendring to the Minister of Housing & Local Government for an Order under Sections 9, 32 and 33 of the Water Act 1945. The effect will be to transfer the undertakings of those local authorities to the Tendring Hundred Waterworks Company, it being anticipated that the transfer will come into operation in 1962. Such grouping is in accordance with the Minister's recommendation that following the making of the Colchester and District Water Board Order 1960, steps be taken to form a single water undertaking for the Harwich peninsula and that the Tendring Hundred Waterworks Company is the natural unit around which to build such a body by extension of that Company's limits of supply.

The Urban District Council of Brightlingsea do not come within these arrangements but although the authority had been approached by the Company negotiations had not commenced by the end of the year.

Sewerage and Sewage Disposal

Although mainly a question of providing public sewers and sewage treatment works to communities where such facilities do not exist, there is now the frequent problem of enlarging or providing new sewage disposal works where those existing have become heavily overloaded or obsolete. The latter position applies in South Essex in the areas of Romford, Hornchurch, Dagenham and part of Brentwood. Since as long ago as 1940 the County Council, following

a report of the Consultant Engineers, have strongly supported a regional sewage disposal scheme to serve these areas and have assisted the local authorities concerned wherever practicable, including the employment of their Consultant Engineers in order to ensure that the layout of the proposed extended Dagenham sewage disposal works is capable of being adequately integrated into a regional scheme and also to make a survey to ascertain the best alignment, sizes and levels of the regional sewers.

At a meeting convened by the Ministry of Housing and Local Government in September agreement in principle was reached between the Boroughs of Dagenham and Romford and the Urban District of Hornchurch. It is possible that the Urban District of Brentwood may remain outside the regional scheme.

Water Consumption

Information received from the statutory water undertakers in Essex (excluding the Metropolitan Water Board) shows that the total daily consumption of water in their areas rose a further 3.141 million gallons per day in 1961. This is primarily due to increased industrial demands, natural increase in population augmented by immigration into the County and modernisation of older houses. Negotiations for increased supplies from the Metropolitan Water Board, the East Suffolk area and at Wormingford are proceeding but it is essential that wastage of water throughout the county must be eliminated, whether it is caused by leaking mains, services or carelessness in use by industrialists or private individuals.

<i>Date of Application</i>	<i>Date of Licence</i>	<i>Gallons (galls. per day)</i>	<i>Place</i>	<i>Remarks</i>
January	—	25,000—50,000	Brightlingsea	Objection by County Council
January	—	500	Finchingfield	Pump installed in existing well. No increase in the aggregate
—	January	250	Finchingfield	Lexden and Winstree R.D.C. Represents increase over previous consent for 150,000 g.p.d.
—	January	30,000	Messing-cum-Inworth	Restricted to 35,000 g.p.d. after 1964
January	June	500	Finchingfield	Objection by County Council. Application withdrawn
January	February	2,000	Stebbing	Objection by County Council
—	February	60,000	Thorrington	
February	June	105,000	Elmstead Market	
—	February	40,000	Weeley	
February	—	240,000	Harlow	
February	—	140,000	Boreham	
—	March	240,000	Harlow	
April	—	225,000	Roxwell	
April	October	150,000	Thorrington	
April	September	6,000	Abridge	
—	May	75,000	Steeple	Not more than this quantity in the aggregate when added to the water taken from an existing bore-hole
—	April	1,000	Thaxted	
—	May	56,000	Nazeing	
—	June	96,000	Witham	

Date of Application	Date of Licence	Gallage (galls. per day)	Place	Remarks
May	—	2,500,000	Wormingford	Colchester and District Water Board
—	June	100,000	Great Chesterford	
—	July	1,250	Ardleigh	
July	September	240,000	West Thurrock	Test Pumping. Right to object reserved by County Council until results are known
July	—	700,000	Bartlow (Cams.)	Haverhill U.D.C.
August	September	3,000	High Wyck (Herts.)	
August	—	150,000	Elmstead Heath	
September	—	1,500	Broxbourne (Herts.)	
September	—	30,000	Alresford	Objection by County Council. Refused December, 1961
—	September	24,000	Saffron Walden	
October	—	19,200	Stanway	Objection by County Council. A 5 year licence offered by the Minister to the applicant
October	—	100,000	Stanway	Objection by the County Council
December	—	50,000	Great Easton	Objection by County Council
December	—	325,000	Halstead	Halstead U.D.C.

Place	Quantity
Wiston, Leavenheath	120,000 g.p.d.
Suffolk	
Pebmarsh	120,000 g.p.d.

Note: Where no date appears in Column 1 the application was made in 1960, except for a few cases where there was no prior knowledge of the application.

Rural Water Supplies and Sewerage

During the year the undermentioned 22 new and revised schemes of water supply, sewerage and sewage disposal with a total estimated cost of £908,528 were submitted by the County District Councils (prior to making applications for contributions by the Ministry of Housing and Local Government) under the provisions of the Rural Water Supplies and Sewerage Acts, 1944-1961, and/or for a grant by the County Council under Section 56(1) of the Local Government Act, 1958. The necessary consultations were held and inspections made with the consultant engineers and officers of the local authorities concerned to ensure compliance with the provisions of the County Council's Grants Scheme and evidence given at local inquiries held by the Ministry of Housing and Local Government.

<i>District</i>	<i>Place</i>	<i>Scheme</i>	<i>Cost</i> £
Brentwood Urban	Great Warley	Sewage Disposal	12,403
Canvey Island Urban	Canvey	Sewage Disposal and Ancillary Works	203,146
Chigwell Urban	Lambourne Road, Chigwell Row	Sewerage (Extension)	5,700
Chigwell Urban	Lambourne Road, Chigwell Row	Sewerage (Extension)	2,300
Epping Urban	Southern outfall	Sewerage	18,900
Harlow Urban	Three Horsehoes Road, Harlow	Sewerage (Extension)	1,136
Braintree Rural	Coggeshall and Kel- vedon	Sewerage and Sewage Disposal	177,675
Braintree Rural	Cornish Hall End	Sewerage and Sewage Disposal	14,306
Halstead Rural	Greenstead Green, Pebmarsh and Toppesfield	Sewerage (2nd stage)	111,600
Halstead Rural	Colne Engaine	Sewerage	42,750
Lexden and Winstree Rural	Church Road, Cop- ford	Sewerage (Extension)	3,535
Lexden and Winstree Rural	Wakes Colne and Chappel	Sewerage and Sewage Disposal	42,822
Lexden and Winstree Rural	North Lane, Marks Tey	Sewerage (Extension)	6,359
Lexden and Winstree Rural	Great Horkesley	Sewerage (Revision of Scheme sub- mitted in 1960)	143,370
Lexden and Winstree Rural	Wakes Colne Green	Sewerage and Sewage Disposal	16,580
Lexden and Winstree Rural	Lamb Corner, Ded- ham	Water main exten- sions	425

<i>District</i>	<i>Place</i>	<i>Scheme</i>	<i>Cost</i> £
Maldon Rural	Tillingham	Sewerage and Sewage Disposal	39,700
Rochford Rural	Hullbridge	Sewerage (2nd stage)	24,000
Rochford Rural	Silchester Corner, Barling Road, Great Wakering	Sewerage	34,787
Rochford Rural	Paglesham	Sewerage (Revision of Scheme sub- mitted in 1958)	4,733
Tendring Rural	Heath House Farm Estate, Alresford	Water main exten- sions	641
Tendring Rural	Spring Valley Lane, Ardleigh	Water main exten- sions	1,660

The Minister of Housing & Local Government undertook to make Exchequer contributions as follows :—

<i>Rural District</i>	<i>Scheme</i>	<i>Estimated Cost</i> £
Dunmow	Hatfield Broad Oak and Hatfield Heath— Sewerage and Sewage Disposal	23,770
Lexden & Winstree	Stanway Green—Sewerage	12,910
	Great Tey—Sewage Disposal	29,470
		<hr/> £66,150 <hr/>

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

<i>Rural District</i>	<i>Scheme</i>
Dunmow	Hatfield Broad Oak and Hatfield Heath
Rochford	Water Supply, Fairview Estate, Ashingdon
Rochford	Sewer Extension—Hall Road, Rochford
Lexden and Winstree	Sewerage—Stanway Green
Lexden and Winstree	Sewerage and Sewage Disposal—Great Tey

During the year work was in progress on the following grant-aided Sewerage and/or Sewage Disposal Schemes :—

<i>Rural District</i>	<i>Scheme</i>
Braintree	*London Road, Black Notley
Dunmow	*High Easter
	*High Roding
	*White Roding
	Willows Green and Causeway End, Felsted
	†Great Easton and Duton Hill
	Hatfield Broad Oak and Hatfield Heath
	Little Hallingbury

<i>Rural District</i>	<i>Scheme</i>
Epping and Ongar	*Stapleford Abbotts ‡Matching Green and Beauchamp Roding Moreton
Halstead	Pebmarsh Greenstead Green Toppesfield Birdbrook, Baythorne End *Gosfield *The Hedinghams and Great Yeldham
Lexden & Winstree	Ford Street, Eight Ash Green (Section 4) Copford and Marks Tey Fordham
Rochford	Hullbridge No. 2 (part I) *Hullbridge, Grasmere and Windermere Avenues *Canewdon (Contract No. 256) *Hawkwell Eastbury Avenue and Clifton Road Hawkwell Park Drive West
Saffron Walden	*Quendon and Rickling (Sewage Works) Manuden Ashdon Stansted
Tendring	Western Area Sewerage Scheme

*These schemes were completed during the year.

†Work recommenced under a new contractor.

‡No working progress since September owing to expulsion of contractor.

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

<i>Rural District</i>	<i>Scheme</i>
Saffron Walden	Extension of Water Mains in Southern Area Installation of new equipment and modifications to Water Tower, Stansted
Tendring	Water mains, Chisbon Heath/Weeley Heath

During the year engineering investigations were held in connection with the following sewerage schemes :—

<i>District</i>	<i>Details</i>
Braintree	Wickham Bishops and Great Totham
Dunmow	Willows Green and Causeway End, Felsted Little Hallingbury
Lexden & Winstree	Eight Ash Green Great Tey
Rochford	Silchester Corner, Barling Road, Great Wakering
*Benfleet	North Thundersley and South Benfleet
*Canvey	Canvey Island

*Urban Authorities

These were held by Engineering Inspectors of the Ministry of Housing & Local Government and the County Council were represented by the County Health Inspector or Assistant County Health Inspector.

The progressive policy of one rural authority led to a conference at the office of the Ministry of Housing and Local Government in Whitehall. This was attended by representatives of the local authority and County Council and although it did not further the Rural Council's sewerage schemes on this occasion it proved revealing as to the Ministry's policy and some pre-knowledge was given of a new system to be introduced affecting the making of grants under the Rural Water Supplies and Sewerage Acts. Shortly afterwards Circular No. 15/61 regarding this system was received. One of the principal changes is that grant paid for rural schemes should be related to the cost of water main or sewer laying, costs attributable to headworks in water schemes or to disposal works in sewerage schemes being ignored. In urban areas schemes may be considered for grant if there is a *prima facie* case for considering that the area to be served is a rural locality and if there are not more than 100 properties per mile of sewer being served by the scheme.

The policy of the County Council has always been to encourage rural district councils to sewer their districts wherever necessary and where applications for Ministry grant under the Rural Water Supplies and Sewerage Acts have failed, and the Council have consequently not been compelled to make a contribution, they have, in appropriate cases, nevertheless contributed towards the district councils' expenditure under their Approved Grants Scheme as authorised by Section 56(1) of the Local Government Act 1958.

The total estimated grants payable by the County Council to rural district councils in the County, for the financial year 1961-1962, under Section 56(1) of the Local Government Act 1958 and the Rural Water Supplies and Sewerage Acts 1944-1945, amounted to £66,900, an increase of more than £2,500 compared with the previous year.

The annual inspection of water supply and sewerage schemes for which the County Council made contributions under their Approved Grants Schemes was carried out in eight rural districts during the year. The maintenance of the works was found to be satisfactory in each case.

County Council Sewage Disposal Works

There are a number of schools and other establishments controlled by the County Council with disposal works which discharge either directly or indirectly into streams and rivers under the control of the Essex River Board or The Lee Catchment Board. A high standard of effluent is required and in order to determine that conditions are satisfactory such premises are visited from time to time and samples obtained for chemical examination, brief particulars for 1961 being as follows :—

Number of visits	.....	.....	.....	.....	58
Number of samples of effluent	.....	.....	.....	.....	45
			Satisfactory	.....	23
			Unsatisfactory	.....	22

Unsatisfactory results are reported to the County Department concerned in order that any necessary remedial works may be carried out.

RURAL HOUSING

The 31st December, 1961, marked the end of six years since local housing authorities were required by the Ministry to furnish particulars of their slum clearance proposals. In that time, as may be seen from Table VII a total of 1,905 houses unfit for human habitation have been demolished or closed in the Rural Districts of the County.

At the beginning of that period there was an estimated total of 3,541 houses unfit for human habitation. This figure has been reduced annually, but in 1960 the local authorities concerned were given the opportunity to revise their proposals and some variation of the number outstanding and estimated time required for completion resulted in some cases. During 1961 the Lexden and Winstree Rural District Council dealt with the highest number of unfit houses by means of demolition or closure, but over the full period it is the Dunmow Rural District Council which have the largest number of unfit houses so dealt with to their credit. In dealing with those capable of being rendered fit by repair, etc., during the year the Halstead Rural District Council appears to have

been the most active, followed by the Lexden and Winstree Rural District Council. With the housing survey still uncompleted in the case of the Braintree Rural District Council no useful comparisons can be made regarding the numbers of houses remaining unfit for human habitation, but it will be noted that the Rochford Rural District Council appear to have practically completed their programme.

It is appreciated that the number of unfit houses tends to fluctuate from year to year. In some cases in making the returns there have been errors; there are houses not originally included which have seriously deteriorated during the five years, there are borderline cases, and the answer does not always prove, especially today, to be demolition or closure. Some adjustments have been made in the case of several rural authorities so that the figures given in (a) and (b) at the foot of the Table are believed to be the most realistic ones.

Informal action continues to play the major part in rendering dwellings fit for human occupation and whilst in other cases the Public Health and Housing Act powers are used there appears to be but the slightest need to use the relevant Sections of the Housing Act, 1957, for the temporary retention of unfit dwellings. Only one dwelling was licensed for temporary accommodation during the year.

House building continued with little change in the rate of local authority activity and a continued increase in the extent of private building has resulted in the gap between the two being further widened. This aspect of rural development is shown in Table IX. It will be noted that the Maldon Rural District Council built the largest number of houses although the Council's waiting list is the smallest and is not reduced. The explanation of this is that the houses in this case were built by the Council under arrangement with the Central Electricity Generating Board for occupation by employees at Bradwell Power Station and thus the Council's housing list is not affected. The effect of Council house building is not always reflected on Council housing lists as Council houses may be built for slum clearance and thus have little or no effect on waiting lists. When families are rehoused others tend to take their places and in several instances the length of the lists tends to remain stationary.

Private enterprise building cannot be counted upon to affect the waiting lists. The largest number of houses of this category were built in the Chelmsford Rural District, the smallest in that of Halstead.

Improvement grants are administered by the local housing authorities and payment is made to owners for certain improvements 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 Act, 1959, being discretionary in the first instance and standard in the second. Details of the progress of local authorities in this aspect of housing are shown in Table VIII on page 110 from which it will be seen, as noted in the past two years, that the activities of the Chelmsford Rural District

Council are outstanding. The largest sum expended in this manner up to and including 1961, viz £228,145 is to the credit of this authority. The total amount of grant, paid under the Housing (Financial Provisions) Act, 1958 and the House Purchase and Housing Act, 1959, has increased by £163,818 over the total for 1961 and has now passed £1,000,000.

Refuse Disposal

There are 110 tips receiving domestic and trade refuse in the County which are subject to control either by the Essex County Council Act 1933, or by the Town & Country Planning Acts 1947-1959.

In addition, there are 15 tips used by Local Authorities which are not controlled by either of the above Acts. These were in existence prior to 1947. Also there are the comparatively few pre-1947 tips used mainly for industrial wastes from within the area of the local districts, which are outside the provisions of the above Acts. They are now fast disappearing as the land in question is filled.

A total of 416 inspections was made during the year. This figure includes a number of visits made to the large Thames-side tips and levelling to check that permitted heights were not being exceeded. Banks of refuse were lowered where necessary. Frequent visits were necessary to many tips to ensure full compliance with the Acts and to ensure satisfactory conditions. The increase of paper content in the refuse has to be combatted by erecting large wire screens to prevent the paper being blown over wide areas and this type of refuse adds to the difficulties of satisfactory maintenance.

Seven letters were sent concerning unsatisfactory methods of tipping and this small number signifies the success achieved by the greater number of inspections made during 1961 compared with 1960. It will be appreciated, however, that adequate control can only be achieved by even more frequent inspections.

No less than 24 gravel pits are being reclaimed by filling with refuse. Six new tips coming within the scope of the Essex County Council Act were established during the year.

ATMOSPHERIC POLLUTION

Smoke control orders are now in operation within 10 authorities' areas in the County.

The County Council are represented on the London and Home Counties Clean Air Advisory Council and on the Standing Conference of Co-operating Bodies who are engaged with the Department of Scientific and Industrial Research in investigating atmospheric pollution.

A National Survey of air pollution measurement has been organised by the D.S.I.R. and various authorities in the County are participating. This Survey has resulted in a considerable decrease in the former scheme started

in 1956, whereby the County Council, by arrangement with the Counties Public Health Laboratories, London, provide facilities for examination of samples taken by local authorities. Such samples provide a broad outline of the grit and dust fall and an approximate measure of sulphur dioxide pollution, but new methods to be used in the National Survey will contribute to a more precise survey of Smoke and Sulphur pollution and will also be of greater local value. They will enable the need for future control measures to be effectively assessed and give an indication of the success of any remedial measures applied.

ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT

The number of these establishments licensed by the County Council again increased during the year.

New licences granted—13

Licences renewed—79

Licences for transfer of premises—6

Inspections made—260

During recent years, when considering the issue of licences for new premises it has been the practice to insist that suitable washing facilities be provided in treatment rooms. Some of the older-established practices have washing facilities in other parts of the building, outside treatment rooms. Further consideration will be given to the desirability of improving the availability of washing facilities at these premises when the existing licences are renewed.

Apart from this particular question, conditions were generally satisfactory.

SECTION III—THE CARE OF MOTHERS AND YOUNG CHILDREN

Child Welfare Centres

At the beginning of the year under review the County Council were providing a total of 258 Child Welfare Centres and during the year five new centres had to be opened, to meet the demands of increasing population, at the following places :—

Mile End Methodist Church, Nayland Road, Colchester

Alresford Child Welfare Centre, Village Hall, Alresford

St. Nicholas Hall, Ingrave, Brentwood

Social Hall, Tweedway, Rise Park, Romford

County Health Services Clinic, Granleigh Road, Leytonstone

Distribution of Welfare Foods

During 1961 welfare foods were being distributed from 459 Centres in the Administrative County, this being one less than in the previous year. 170 of these distribution Centres were established in County Health Services Clinics and 289 in other premises.

Following the introduction of the Welfare Foods (Great Britain) Amendment Order 1961 arrangements were made so that from the 1st June, 1961 :—

- (a) any quantity of orange juice, cod liver oil or vitamin tablets could be bought by or for any beneficiary ; orange juice could then be bought for children aged 2·5 as well as under two years of age (this was done on the understanding that children must not have the vitamin tablets or too much cod liver oil) ;
- (b) the only tokens which would be required for the issue of orange juice, cod liver oil and vitamins A and D tablets would be those issued by the National Assistance Board or the Ministry of Labour for free supplies ;
- (c) beneficiaries not holding these tokens would pay the prices determined by the Minister of Health under Article 4 of the Amendment Order which covered the cost to the Minister of acquiring, storing, treating and distributing to local health authorities (the costs of distribution by the authorities are excluded from the price of the foods but are taken into account in determining the aggregate of the general grant).

The quantities of welfare foods, including national dried milk, distributed to beneficiaries during 1961 as compared with the previous year were :—

	1960	1961
Orange juice and vitamin C (bottles)	1,020,084	715,831
Vitamins A and D tablets (packets)	103,819	87,629
Cod liver oil (vitamins A & D) (bottles)	104,533	82,444
National dried milk (tins)	448,371	429,819

Although there was an increase of 18,530 in the estimated population of the County during 1961 it will be seen from these figures that there was a decrease of 27,552 in the number of tins of national dried milk, of 22,089 in the number of bottles of cod liver oil, of 16,190 in the number of packets of A and D tablets and 304,253 in the number of bottles of orange juice issued to beneficiaries.

Action was taken in the Autumn of 1961 to implement the suggestions of the Minister of Health for the distribution of alternative forms of milk for

the necessary period in the event of Iodine 131 in milk reaching the danger level for children up to one year of age as a result of the Russian nuclear tests. Whilst it was not necessary to bring those suggestions into operation the co-operation of all concerned, in particular the County Supplies Committee and the County Supplies Officer, in the proposed arrangements was appreciated.

Medicaments and Nutriment

The arrangement whereby approved medicaments are issued free of charge and nutriment issued at reduced prices on medical recommendation to mothers and young children from Child Welfare Centres continued during 1961. As in previous years, when Area Medical Officers found that there was a justifiable demand for additional proprietary brands of nutriment these were added to the list of issues from the clinics concerned.

Dental Inspection and Treatment

The report of the Chief Dental Officer on the work of the County Dental Service appears on page 98. Dental treatment provided for expectant and nursing mothers and young children carried out during 1961 as compared with the previous year was as follows :—

	<i>Expectant and Nursing Mothers</i>		<i>Children under five years of age</i>	
	1960	1961	1960	1961
(a) Numbers provided with dental care :—				
Examined	1,359	984	2,350	2,413
Needing treatment	1,244	911	1,923	1,853
Treated	1,251	800	1,818	1,561
Made dentally fit	895	713	1,410	1,533
(b) Forms of dental treatment provided :—				
Extractions	1,869	1,418	1,392	1,316
Anaesthetics :—				
Local	791	571	80	70
General	214	236	607	611
Fillings	1,714	1,344	2,374	2,260
Scalings and gum treatment	532	517	19	33
Silver nitrate treatment	32	52	892	1,017
Dressings	566	555	577	537
Radiographs	62	56	2	6
Dentures provided :—				
Full upper or lower	116	102	—	—
Partial upper or lower	108	91	—	—
Crowns and Inlays	—	1	—	—

Prevention of Prematurity and the Care of Premature Infants

Consideration was given to Ministry of Health Circular 8/61 dated 25th April, 1961, which drew the attention of local health authorities to a Report of the Joint Sub-Committee set up by the Standing Medical Advisory Committee and the Standing Maternity and Midwifery Advisory Committee to consider the prevention of prematurity and the care of premature infants. Particular thought was given to sections of the Report relating to the domiciliary care of premature infants, their transport to hospital, and after care and follow-up schemes. It was agreed that whilst the implementation of all of the recommendations of the Report which apply to local health authorities is desirable, staff shortages make this not completely practicable at the present time. It was decided, however, that the matter should be reviewed from time to time and also that an endeavour should be made to arrange for the inclusion of instruction in the care of premature babies in appropriate refresher courses to be attended by the Council's midwifery staff.

Toddlers Play Sessions

A pilot scheme for the provision of toddlers play sessions was commenced at the County Health Services Clinic, Granleigh Road, Leyton, in February, 1961. The intention of this pilot scheme is to provide, with or without charge to the parents, special facilities for the temporary care and training of children between the ages of 2 and 5 years where it would be beneficial for the mothers of such children to be relieved occasionally of their continuous care.

Detection and Treatment of Phenylpyruvic Oligophrenia

During 1961 the arrangements for the detection and treatment of phenylpyruvic oligophrenia continued and covered the whole of the Administrative County. The appropriate tests were made on the urine of 24,086 children (1,335 more than in 1960) but no cases were found to have a positive reaction.

Day Nurseries

The County Council were providing, at the beginning of 1961, 19 day nurseries with accommodation for 906 children in all. Of these day nurseries 13 were then approved for the training of student nurses.

Following visits to the day nurseries by a Public Health Nursing Officer of the Ministry of Health and one of Her Majesty's Inspectors of Schools, consideration was given to their recommendations, which included the withdrawal of training arrangements at the Hulse Avenue Day Nursery, Collier

Row, Romford, although the students then undertaking training there were allowed to complete that training. Consideration was also given to the supply of a washing machine, additional heating in the bathroom, more play material both improvised and standard, the respacing of towels so that they do not touch the wall and the supply of separate towels for staff at that particular nursery. The recommendations made in respect of other day nurseries were referred to Area Medical Officers for the appropriate action.

During the year a review of the number of approved places at the day nurseries in Brook Street, Colchester ; Gale Street, Barking ; and Goresbrook Avenue, Dagenham ; was undertaken and it was decided that :—

- (1) The approved places at the Brook Street, Colchester, Day Nursery should be reduced from 50 to 40 with effect from 9th February, 1961, and then increased again to 50 as from 1st September, 1961. This decision to be reviewed in six months.
- (2) The Gale Street Day Nursery, Barking, be designated a 40 place day nursery as from 20th April, 1961, and then as a 50 place nursery with effect from 4th October, 1961 ; this decision also being subject to review after six months.
- (3) Goresbrook Day Nursery, Dagenham, be designated as a 50 place, in lieu of 70 place, Day Nursery as from 20th April, 1961.

Daily Guardians Scheme

At the end of 1961 the number of registered daily minders and the number of children being cared for were as follows :—

Health Area	Daily Guardians	Children being cared for
Forest	2 (4)	1 (2)
Dagenham	65 (85)	43 (51)
Walthamstow	16 (19)	2 (4)
	<hr/> 83 (108) <hr/>	<hr/> 46 (57) <hr/>

Note: The figures in parenthesis relate to 1960

Nurseries and Child Minders Regulation Act 1948

The table following shows the number of premises and of 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 being made at the end of 1961 together with the comparable figures for 1960.

Health Area	NURSERIES				CHILD MINDERS			
	Number Registered		Number of Children Provided for		Number Registered		Number of Children Provided for	
	1960	1961	1960	1961	1960	1961	1960	1961
North-East Essex	5	2	103	31	5	5	24	36
Mid-Essex	1	3	6	50	5	13	65	136
South-East Essex	1	3	9	60	8	7	72	47
South Essex	13	18	366	514	8	9	46	58
Forest	13	14	299	341	16	24	75	112
Romford	1	1	—	2	3	1	23	8
Barking	—	—	—	—	—	—	—	—
Dagenham	—	—	—	—	3	3	22	22
Ilford	7	12	214	384	5	5	28	28
Leyton	—	—	—	—	3	3	9	9
Walthamstow	2	2	56	56	—	—	—	—
Basildon U.D.C.	—	1	—	20	—	7	—	61
Colchester M.B.C.	—	3	—	72	—	—	—	—
TOTAL	43	59	1,053	1,530	56	77	364	517

Child Guidance

Reference was made in my last Annual Report to the arrangements suggested for Child Guidance Clinic teams to advise staff of Child Welfare Clinics on such problems of emotional development and behaviour difficulties as they may encounter in their contact with mothers and young children. Although the co-operation between the Child Guidance Service and the staff of the County Health Services Clinics was maintained during the year, it was not possible, owing to a shortage of child psychiatrists, to provide psychiatric sessions for this purpose.

Convalescent Facilities

During the year under review 26 mothers and 70 young children were sent on recuperative holidays in accordance with arrangements made under Section 22 of the National Health Service Act 1946.

Kingsley Hall Day Centre for Handicapped Children

Use continued to be made during 1961 of this Day Centre for the care, training and treatment of children under five years of age with varying disabilities (both mental and physical) with a view to an early assessment of their needs.

Originally this Day Centre was set up for an experimental period but following consideration of the work undertaken there it was decided, during 1961, that it should be established on a permanent basis and that children from

Health Areas adjoining Dagenham who could conveniently be conveyed to and from the Centre should be admitted. The average daily attendance fluctuated between 15 and 18 children.

Boarded-out children

Of the 1,037 children examined under the arrangements made for the examination of boarded-out children, 186 were found to require treatment or observation because of various defects and in each case the Area Medical Officer concerned was informed of the findings in order that the appropriate action could be taken. The majority of these examinations were undertaken by general medical practitioners although some were undertaken by Assistant County Medical Officers at County Health Services Clinics.

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

Midwifery Service

The number of midwives who notified their intention to practise in accordance with the provisions of the Midwives Act 1951 are given below:—

<i>Form of practice</i>	<i>Domiciliary Midwives</i>	<i>Midwives in Institutions</i>	<i>Total</i>
(a) Midwives employed by the Authority	283	—	283
(b) Midwives employed by voluntary organisations (including hospitals not transferred to the Minister under the National Health Service Act, 1946)	—	8*	8*
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act, 1946 :—			
(i) Under arrangements with the local health authority	2	—	2
(ii) Otherwise	—	273	273
(d) Midwives in private practice (including midwives employed in nursing homes)	7	6	13
TOTAL	292	287	579

*Includes five midwives at the Military Hospital, Colchester

Domiciliary midwives employed by the County Council attended 11,524 deliveries (443 more than the figure for 1960). No doctor was present at 9,628 of those deliveries

The total number of births notified under Section 203 of the Public Health Act, 1936 was 31,441 (1,029 more than 1960) and of these 61.8% occurred in hospital. The percentage of hospital confinements in each Health Area was as follows :—

	%
North-East Essex	72.2
Mid-Essex	63.8
South-East Essex	46.1
South Essex	55.2
Forest	59.5
Romford	56.7
Barking	69.4
Dagenham	63.8
Ilford	73.5
Leyton	77.8
Walthamstow	71.0

Difficulties were again experienced in maintaining an adequate number of domiciliary midwives despite such inducements (including housing and motor transport) as the County Council were able to make available.

Rents of residential accommodation provided for domiciliary nursing and midwifery staff are assessed on the following basis :—

(a) Unfurnished houses or rooms

At no time is the charge payable by the nurse or midwife to exceed the full current rent (including rates and repairs, but due account being taken of district rooms) as assessed by the County Land Agent and Valuer.

	Annual Charge
(i) Where the annual rent is less than £62 8s. 0d.	£ s. d. Annual rent
(ii) Where the annual rent is at least £62 8s. 0d. but does not exceed £120	62 8 0
(iii) Where the annual rent exceeds £120	62 8 0 plus 20% of the excess over £120
(iv) Where (a) the accommodation is shared by two nurses or midwives ; or (b) any person(s) other than dependent relative(s) or a pupil midwife, live(s) with the nurse or midwife the charge to be increased by	39 0 0

(b) Furnished houses or rooms

The annual charge as determined in (a) above is to be increased by 10% of the value of the furnishings as assessed by the County Supplies Officer when they are provided.

(c) Services

Where services, such as hot water, heating and lighting, are provided, an additional charge, related to the value of the services and to be assessed by the County Architect, is to be made.

(d) Shared accommodation

Where two nurses or midwives share accommodation, one-half of the total charge is to be paid by each of them, except in so far as any part of the total amount may be chargeable to a particular nurse or midwife in respect of any other person(s), other than dependent relatives or a pupil midwife, also living in the accommodation.

Analgesia

Of all the domiciliary midwives employed by the County Council during 1961, 279 were qualified to administer inhalational analgesia in accordance with the requirements of the Central Midwives Board. Inhalational analgesia was administered to 85.5% of women confined at home (2.5% more than the figure for the previous year).

Ante-natal and post-natal clinics

Attendances at ante-natal clinics and post-natal clinics during 1961 were as shown in the table which follows :—

	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—				
1961	14,605	10,517	39,891	37,050
1960	13,984	10,693	42,131	33,486
1959	13,686	10,755	42,490	30,303
1958	14,007	10,736	45,481	29,082
For post-natal examination—				
1961	3,452	3,345	4,052	—
1960	3,239	3,227	3,780	—
1959	3,231	3,176	3,864	—
1958	3,313	3,194	3,820	—

Puerperal Pyrexia

There was unfortunately an increase of 167 in the number of cases of puerperal pyrexia notified during 1961 ; the total being 357 as compared with 290 in the previous year. Of this total, 47 cases occurred in domiciliary confinements, seven more than in 1960.

Ophthalmia Neonatorum

Eleven cases of ophthalmia neonatorum were notified during the year (16 less than in the previous year). No impairment of vision resulted in these cases.

Maternal Deaths

Seven deaths occurring in the Administrative County in 1961 were ascribed to pregnancy, child birth or abortion—an increase of one over the figure for 1960. The maternal death rate per thousand live births was 0.22 as compared with the national rate of 0.33.

In accordance with the accepted procedures, detailed reports of each of these deaths were sent to the Regional Assessor.

Care of Unmarried Mothers and their Babies

The care of the unmarried mother and her child is undertaken on an agency basis for the County Council by the Chelmsford Diocesan Moral Welfare Association, a voluntary organisation to which the County Council make a grant of 85% of the approved net expenditure from the Association's central funds.

Under these arrangements, 314 unmarried mothers were admitted to hostels in 1961 (an increase of 15.4% over the admissions in 1960). The average length of stay of these unmarried mothers in the hostels was 5½ weeks prior to confinement and 5 weeks after confinement.

Training of Pupil Midwives

The County Council's Training Homes continued to provide facilities for pupil midwives to prepare for Part II of the Certificate of the Central Midwives Board and during the year 101 pupils were trained under these arrangements. As an aid to the recruitment of midwifery staff, arrangements were extended during 1961 whereby pupil midwives could undergo their Part II training on the district in several Health Areas and at the same time arrangements were made for some pupils to reside in private lodgings when it was not possible for the teaching midwife to provide the accommodation. During the year approval was given to an increased allowance being paid to teaching midwives and to private landladies for providing board and lodging for pupil midwives.

Retention and Recruitment of Midwifery Staff

As an aid to the retention and recruitment of District Nurse/Midwives, arrangements were made during 1961 to enable six State Registered Nurses holding the certificate of the Central Midwives Board to be recruited for each course of district training at the Training Homes on the understanding that they would sign an undertaking to remain in the service of the County Council, if so required, for a period of at least twelve months on completion of the training. It is considered that these arrangements will assist in filling vacancies for District Nurse/Midwives in the more rural parts of the Administrative County. Furthermore it was agreed during the year that, as an experiment, the County Council would pay part of the tuition expenses incurred by midwifery staff learning to drive a motor vehicle.

Human Relations in Obstetrics

All Area Medical Officers were asked during 1961 to review their organisation and facilities in ante-natal clinics with the object of keeping waiting-time to a minimum, and to review the arrangements for health education in ante-natal clinics, for answering patients' questions about what is happening or is about to happen to them, and to ensure that all staff concerned with patients are aware of the contents of the Memorandum on the subject of "Human Relations in Obstetrics."

HOME NURSING SERVICE

The training of student district nurses at the Council's training homes continued during the year under review and in all 37 students completed either a three or four months course. Of this total three students were trained for other local health authorities.

Arrangements with West Ham County Borough Council

The arrangements referred to in my last Annual Report concerning the phased transfer of the home nursing services provided in certain parts of West Ham to nursing staff from the County Council's Lady Rayleigh Training Homes, proceeded during the year and at the end of 1961 three whole nursing districts and a portion of another district in that County Borough were still to be transferred. It is expected, however, that the transfer will be complete by the end of March, 1963.

Statistics

The total number of patients visited by home nurses during 1961 was 24,806 (1,181 less than the previous year) despite an overall increase in the population of the Administrative County. The total number of visits paid to

those patients was 636,522. The following table gives details of the number of patients treated and of the visits paid according to category during each of the last three years :—

Category of case	Number of cases attended by Home Nurses during			Number of visits paid by Home Nurses during		
	1959	1960	1961	1959	1960	1961
Medical	18,192	17,482	18,109	467,494	471,048	478,114
Surgical	6,247	6,817	5,549	136,524	146,312	126,087
Infectious Diseases	176	185	106	2,050	1,928	1,166
Tuberculosis	387	377	308	20,374	17,933	15,559
Internal Complications	484	413	233	3,737	3,163	1,766
Others	659	713	501	8,572	8,662	9,830
TOTALS	26,145	25,987	24,806	638,751	649,046	636,522

HEALTH VISITING

At the end of 1961 there were 226 full-time Health Visitors and 27 Tuberculosis Visitors employed, as compared with 228 and 26 respectively at the end of 1960. Thirteen Health Visitor students completed their training during the year at the Health Visitors' Training Centre, South-East Essex Technical College, Dagenham. At the end of the year 20 students were undergoing training there.

The County Council's proposals approved by the Minister of Health under Section 24 of the National Health Service Act, 1946, allow for an eventual establishment of one whole-time health visitor for every 4,000 of the population, but it has not yet been possible to attain that standard. Arrangements have been made with a view to that target being reached having regard to the likelihood of attracting sufficient qualified recruits to the health visiting service. In the meantime, although every consideration is given to applications for the secondment of health visitors to work with particular general medical practitioners or groups of practitioners it has not been possible to meet those applications.

So far as the follow-up of patients discharged from hospital is concerned, arrangements were made several years ago whereby Group Hospital Management Committees ask Hospitals admitting patients from the Administrative County to complete "Adult After Care Forms" supplied by the County Council in respect of patients to be discharged to their own homes and who are thought to require domiciliary health services. These forms are printed in triplicate with the intention that one copy should go to the County Council as the local health authority, one copy to the general medical practitioner concerned and the other retained for hospital reference. The completion of these forms ensures that the patients' needs for any domiciliary health service, including the health visiting service are met as quickly as possible.

Mothercraft and Relaxation Courses

As in previous years, courses were provided in mothercraft and relaxation for expectant mothers attending the County Council's ante-natal clinics. The courses were run by health visitors with special knowledge and experience in these subjects. Each course usually consisted of six to eight sessions and at one of the sessions a demonstration on the use of gas and air machines was given by a midwife.

In order to achieve the maximum benefit for the mothers taking part, the numbers attending each course were strictly limited to between 8 and 10 expectant mothers. The courses included talks and demonstrations on breathing exercises, relaxation and mothercraft, advice on diet, breast feeding and the making of babies' clothes.

The opportunity was generally taken to support the talks by films and film strips and the mothers-to-be were encouraged to take part in discussions at the mothercraft sessions so that consideration could be given to individual problems.

Statistics

Health Visitors made a total of 361,367 visits during 1961 as compared with 352,612 visits during the previous year. The following information gives an indication of the categories of patients to whom those visits were paid and for comparison the figures for 1960 are also shown.

	1960	1961
Children aged two and under five years	88,503	102,783
Children under one year	114,003	136,334
Children aged one and under two years	51,069	59,808
Expectant mothers	9,739	11,222
Tuberculosis households	5,454	4,528
Old persons	19,790	21,275
Other cases	23,111	25,417
Ineffective visits (included above)	41,443	42,981

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

Notifications

It is with pleasure that I report a further decrease in the number of primary notifications of tuberculosis—during 1961 692 such notifications were submitted as compared with 749 in 1960 ; 707 in 1959 ; 848 in 1958 ; 965 in 1957 ; 960 in 1956 ; 972 in 1955 and 1,175 in 1954.

Information relating to notifications of respiratory and non-respiratory tuberculosis in 1961 are shown in the following table :—

	Sex	under 1	1-2	2-5	5-10	10-20	20-25	25-35	35-45	45-55	55-65	65-75	over 75	Total (all ages)
Respiratory	M	1	2	8	7	27	37	45	78	60	70	39	17	391
	F	—	1	9	3	26	22	47	46	33	18	10	1	216
Non-Respiratory	M	—	1	1	—	3	3	5	10	4	4	2	1	34
	F	—	1	3	3	6	3	10	11	4	2	8	—	51

Notification other than by formal notifications were :—

Age of notification		Sex	under										over 75	Total (all ages)
			1	1-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75			
Returns from local registrar	Respira- tory	M	—	—	—	—	1	—	—	3	3	5	12	
		F	—	—	—	—	—	1	1	1	1	3	7	
	Non- Respira- tory	M	—	—	—	—	—	—	—	—	1	1	2	
		F	—	—	—	—	—	—	—	—	—	—	—	
Returns from Registrar- General (Deaths)	Respira- tory	M	—	—	—	—	—	—	—	1	1	—	2	
		F	—	—	—	—	—	—	1	—	—	—	1	
	Non- Respira- tory	M	—	—	—	1	—	—	1	1	—	—	3	
		F	—	—	—	—	—	—	—	—	—	—	—	
Deaths from notifications	Respira- tory	M	—	—	—	—	—	1	—	—	—	—	1	
		F	—	—	—	—	—	—	—	—	—	1	1	
	Non- Respira- tory	M	—	—	—	—	—	—	—	1	—	—	1	
		F	—	—	—	—	—	—	—	—	—	—	—	

The table which follows 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 quinquennium since 1920 and for individual years since 1957.

	Respiratory Tuberculosis				Non-Respiratory Tuberculosis				Tuberculosis (all forms)			
	Notifica-tions		Deaths		Notifica-tions		Deaths		Notifica-tions		Deaths	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
1920-24	4,904	1.07	3,212	0.70	1,322	0.29	789	0.17	6,226	1.36	4,001	0.87
1925-29	5,626	1.09	3,376	0.65	1,853	0.36	704	0.14	7,479	1.45	4,080	0.79
1930-34	6,005	0.97	3,498	0.57	2,122	0.34	705	0.11	8,127	1.32	4,203	0.68
1935-39	5,521	0.81	3,015	0.44	1,783	0.26	577	0.08	7,304	1.07	3,592	0.53
1940-44	6,507	1.02	3,081	0.48	1,859	0.29	592	0.09	8,366	1.31	3,673	0.58
1945-49	6,952	0.95	2,674	0.37	1,381	0.19	404	0.06	8,333	1.14	3,078	0.42
1950-54	6,293	0.77	1,448	0.18	879	0.11	174	0.02	7,172	0.88	1,622	0.20
1955-59	3,915	0.45	630	0.07	537	0.06	80	0.01	4,452	0.51	710	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
1960	662	0.36	106	0.06	87	0.05	12	0.01	749	0.41	118	0.06
1961	607	0.33	85	0.05	85	0.05	12	0.01	692	0.37	97	0.05

*Rate per 1,000 population

Domiciliary Visits

The Health Visitors and Tuberculosis Visitors who continued to share the duties of visiting tuberculous patients in their own homes in order to give them advice and guidance, maintained the closest co-operation with Chest Physicians, whilst Tuberculosis Visitors attended Chest Clinic sessions regularly and Health Visitors visited these Clinics at intervals in order to discuss with the Chest Physicians the needs of their patients.

Summary of Work Carried Out by Health Visitor/Tuberculosis Visitors during 1961

	Number of Tuberculous households at 31.12.1961	Visits to households		Sessions attended at Chest Clinics	
		Tuberculosis Visitors	Health Visitors	Tuberculosis Visitors	Health Visitors
Colchester M.B.	289	46	86	140	—
North-East Essex	570	—	516	—	50
Mid-Essex	807	—	2,248	—	422
Basildon U.D.	575	—	307	—	189
South-East Essex	454	—	502	—	113
South Essex	2,083	5,969	162	855	12
Forest	2,211	3,384	160	711	46
Romford	1,027	4,984	—	374	—
Barking	590	2,594	—	306	—
Dagenham	753	2,312	29	261	—
Ilford	1,346	2,417	16	435	—
Leyton	713	1,748	—	355	—
Walthamstow	1,026	1,273	1	711	—
TOTAL	12,444	24,727	4,027	4,148	832

The total number of patients on the Chest Clinic registers at the end of 1961 was 13,622 compared with 12,867 at the end of 1960.

Follow-up of contacts

607 cases of respiratory tuberculosis were notified during 1961 (55 less than in the previous year). Contacts of tuberculous cases examined for the first time during that year totalled 3,600 in 1959 as compared with 3,936 in 1960.

Open-air Shelters

14 open-air shelters were being used by persons suffering from tuberculosis at the end of 1961 (one more than the number in use at the end of 1960). Routine inspections of the shelters were carried out during the year and in all 41 visits were made to them.

B.C.G. Vaccination

The scheme for the vaccination of Mantoux negative contacts of patients suffering from respiratory tuberculosis was continued during 1960. The number of contacts who were skin tested during the year (2,500) showed a reduction over the figure for the previous year (2,623). Details of the work undertaken are as follows :—

	1960	1961
Number of contacts skin tested	2,623	2,500
Number of contacts found to be negative	2,049	2,026
Number of contacts vaccinated	1,826	2,032

In May 1961 the existing facilities for the B.C.G. vaccination of school children were extended to include, where the Medical Officer concerned considered it necessary, children between the ages of 10-13 years. Details concerning these vaccinations are as follows :—

	1960	1961
(1) Number of pupils and students skin tested	20,348	20,055
(2) Number of pupils and students undergoing tuberculin tests		
Positive result	1,928	1,553
Negative result	17,898	18,136
Vaccinated with B.C.G.	17,750	17,850

Up to December 1961 Area Medical Officers had a choice of using either liquid or freeze-dried B.C.G. vaccine, but this choice was withdrawn when the Ministry of Health decided that freeze-dried vaccine only should be available from and after 11th December, 1961.

Occupational Therapy for the Tuberculous

During 1961 the arrangements whereby patients suffering from tuberculosis and residing in the Romford, Barking, Ilford and Dagenham Health Areas and in part of the South Essex and Forest Health Areas were provided with occupational therapy by a full-time Occupational Therapist were continued. In this connection I am indebted to Miss Z. E. Mercer, the Occupational Therapist for the following report on her work :—

“It has been said of tuberculous patients that ‘Nature heals, and the patient helps, by securing rest, fresh air, proper and sufficient food and by maintaining a sanguine and tranquil state of mind.’ All these, with the exception of the last, the patient secures on entering a Sanatorium and it is to produce the ‘sanguine and tranquil state of mind’ that Occupational Therapy has been introduced as a part of treatment.

For the patient who is discharged from hospital, it has been found that the long months of treatment have combined with the disease to unfit the patient for an abrupt resumption of a normal pattern of living. All his functions and habits are keyed to an inactive existence.

Among the many facilities for tuberculosis which are provided by the County Council are the Domiciliary Occupational Therapy arrangements. This service has been in operation for some years. The patients are recommended for Domiciliary Occupational Therapy by Chest Physicians with close co-operation by the T.B. Health Visitors.

At present there is one full-time Occupational Therapist employed to carry out this work. The areas covered by this scheme, viz. : Dagenham, Barking, Ilford, Romford, Hornchurch, Forest and Grays are visited for part of one day in each week. The visits to new patients are made weekly at first, then fortnightly and finally, monthly. In view of the fact that there is only one Occupational Therapist for these areas it will be appreciated that only those patients who need Occupational Therapy as a treatment can be visited. There could be a tendency to treat this service as a source of supply of cheap materials from a mobile shop to the detriment of the service, which is a valuable form of treatment for patients suffering from diseases of long duration.

The materials provided are paid for by the patient who is also loaned any equipment required to carry out the chosen occupation. Completed work is sold when possible and some patients make items for their homes or for personal use.

At the Dagenham Town Show each year a large variety of hand-made articles are sold, followed by a Sale of Work organised by the local Tuberculosis Care Association. Some of the patients enter stimulating and competitive work with good results—this year at the Dagenham Town Show there were 3 firsts, 3 seconds, 3 thirds and 2 Very Highly Commended gained out of twenty entries submitted for various classes. Similar success was gained at the Essex Old People's Welfare Committee's Exhibition at Woodford Green, five out of six entries gaining prizes.

Many sales are made from a show case at 15/17, Thompson Road, Dagenham, where the Occupational Therapist has an office and store-room.

Some of the occupations undertaken by patients in 1961 were Printing, Bookbinding, Leatherwork, Basketry, Needlework, Puppets, Rug-making. Two patients have worked on Rehabilitation Courses with good results.

From the foregoing it will be seen that Occupational Therapy encourages new interests and keeps the patient in the habit of work in order to prepare him for normal work."

Extra Nourishment

There was a reduction in the number of patients receiving one pint of milk a day free of charge during 1961. At the end of that year 1,350 patients were receiving this milk as compared with 1,404 patients at the end of 1960.

Following consideration of Ministry of Health Circular 10/60 dated 8th June, 1960 on the Future of the Chest Services and in particular with regard to probable future trends in tuberculosis, approval was given to the services provided by the County Council as the local health authority, to tuberculous persons being extended, so far as is possible, to persons suffering from chest complaints generally and attending chest clinics. This extension was brought into operation towards the end of 1961 but so far it does not appear to have had any effect on the issue of free milk.

Rehabilitation

Although no new patients were admitted to rehabilitation establishments under arrangements made by the County Council during 1961, 3 patients were being maintained at the British Legion Settlement, Preston Hall, Maidstone or at Papworth Village Settlement, Cambridge during the year. At the end of the year, however, only one patient for whom the County Council had accepted financial responsibility was undergoing residential rehabilitation.

Mass Miniature Radiography

As in previous years, 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 116 sites were visited. This was an increase of 39 over the numbers visited the previous year. According to the returns made available by that Regional Hospital Board, 92,135 persons were X-rayed of whom 53,011 were males and 39,124 females.

The units held sessions for the general public, and in schools, hospitals and factories.

Books for Tuberculous Patients

Patients suffering from tuberculosis and residing in their own homes continued 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. Under these arrangements 4 patients borrowed 203 books during 1961. The Joint Committee found it necessary to increase their charge for this service from 5s. to 10s. 6d. per patient with effect from 1st October, 1961.

Tuberculosis Care Associations

Grants computed on the basis of £2 for each 1,000 of the population were made to the Tuberculosis Care Associations in the Administrative County and in addition they received reimbursement of petty cash expenditure (mainly postages) up to a maximum of £25 for each Association and a proportion of the allocation of £2,800 made available for distribution by the Licensing of Places of Entertainment Committee from the Sunday Cinema Fund.

The total expenditure of the 18 Associations during the 12 months ended 30th November, 1961 was £11,709, as compared with a total of £12,096 for the previous year. The following details give an indication of the way this money was used in helping tuberculous patients and their families :—

	£
Milk and groceries	7,596
Fuel	436
Fares	504
Clothing, furniture, etc.	337
Holidays, outings, etc.	256
Diversional therapy	41
Other grants	1,323
Special efforts	738
Printing, postages, etc.	478

Grants were made in the past years to Tuberculosis Care Associations on the understanding that the money should be used for the provision of help for tuberculous patients and their families but that no objection would be made if any Care Association wished to extend their activities to include patients suffering from other chest and heart conditions, provided that those particular cases were assisted by voluntary moneys only. It was agreed, however, in 1961 that all services provided by the County Council for tuberculous persons should be extended as far as possible to persons suffering from chest complaints generally who are attending chest clinics, and in this connection it was decided that, on the strict understanding that no further financial aid will be forthcoming, no objection be raised to the extension, by any Tuberculosis Care Association, out of grants made by the County Council, of assistance to non-tuberculous chest cases attending chest clinics.

OTHER ILLNESSES

Recuperative Convalescence

During 1961 695 patients (103 more than 1960) were granted recuperative holidays in accordance with the arrangements made under Section 28 of the National Health Service Act 1946. The Council's standard charge of £3 18s. 2d. a week each which was made for these recuperative holidays was subject to abatement in necessitous cases. Furthermore in cases where payment of the necessary fares by the patients would have created hardship for them travel vouchers covering the second-class return journeys were issued.

Loan of Sick Room Equipment

The arrangements for the loan of sick room equipment for use by patients being nursed in their homes were continued during 1961 and were extended

by the purchase of cotton draw sheets for loan free of charge to incontinent persons and the provision of disposable pads for issue, also free of charge, to incontinent persons being nursed at home.

Sick room equipment for loan to patients in their own homes is held at the stores in all Health Areas whilst a central store is maintained of the larger items of equipment which are likely to be used infrequently. Additional equipment for this store is purchased centrally and is available for use in whatever Health Area requires it. Most Health Areas have available for loan a mobile hydraulic hoist as an aid to the nursing of patients in their own homes. Where the need for these hoists is likely to be permanent and the patients concerned are entitled to registration as physically handicapped persons under the Council's Scheme made in accordance with Section 29 of the National Assistance Act 1948, loan arrangements are made by the County Welfare Officer. In this particular connection, assistance is given to him by arranging for Area Medical Officers or their medical representatives and the family doctors concerned to be present in the patients' homes when the demonstration of a hydraulic hoist is given.

INFECTIOUS DISEASES

A total of 40,811 notifications of infectious and other notifiable diseases were received during 1961 as compared with 14,218 in the previous year and 37,109 in 1959. Once again this very large increase was due almost entirely to the fluctuation in the incidence of measles. Details of these notifications can be found in table IV at the end of this report.

PUBLIC HEALTH (AIRCRAFT) REGULATIONS 1952 & 1954

The arrangements made in accordance with these regulations whereby Assistant County Medical Officers undertake standby duty on a rota basis to carry out routine health control at Stansted airport continued to operate satisfactorily in 1961.

VACCINATION AND IMMUNISATION

Smallpox

No notifications of smallpox were received in 1961 but details of the numbers vaccinated and revaccinated against smallpox during the year are shown in the following table:—

Age at date of vaccination	Under 1 Year	1 Year	2-4 Years	5-14 Years	15 Years and over	Total
Number vaccinated	16,301 (14,590)	1,977 (1,376)	1,415 (932)	1,505 (1,140)	2,055 (1,523)	23,253 (19,561)
Number re-vaccinated	2 (36)	15 (18)	215 (188)	919 (723)	4,667 (4,288)	5,818 (5,253)

Note: Figures in parenthesis relate to 1960

Information relating to the acceptance rate, revaccinations completed per thousand population, and the numbers of vaccinations and revaccinations carried out in the Health Areas in 1961 is given in the following table :—

Health Area	Number Vaccinated	Number Re-vaccinated	Infant Acceptance Rate		Re-vaccinations per 1,000 population
			1956-60	1961	
Colchester M.B.	822	166	51.2	56.2	2.6
North-East Essex	1,647	513		63.9	3.9
Mid-Essex	2,953	982	56.1	56.4	4.3
Basildon U.D.	1,379	149	49.6	57.7	1.7
South-East Essex	1,677	271		47.5	2.5
South Essex	4,323	884	52.2	59.5	3.0
Forest	3,795	908	61.2	67.0	3.7
Romford	1,358	600	30.4	32.8	5.2
Barking	351	110	16.9	6.2	1.5
Dagenham	1,107	213	48.6	49.2	2.0
Ilford	1,774	646	48.1	43.2	3.6
Leyton	990	122	58.1	57.5	1.3
Walthamstow	1,077	254	50.5	49.1	2.3
TOTALS	23,253	5,818	49.2	52.1	3.1

Poliomyelitis

Following receipt of Ministry of Health Circular 15/61 dated 12th April, 1961, arrangements were made to offer the reinforcing fourth dose for vaccination against poliomyelitis to children when they enter school and to those children of five and over who, being in attendance at school, have not reached the age of 12 years. These arrangements allow a similar offer of a reinforcing dose being made in respect of children aged five to 12 years who are not in attendance at any school.

As from the 1st January, 1961, vaccination against poliomyelitis became available on request for all persons over the age of 40 years; the vaccinations could only be offered by general medical practitioners and carried out with vaccine obtained through the Pharmaceutical Service either by the practitioner direct from a chemist or other source of supply, or by a patient from a chemist on production of the Form E.C.10.

It was agreed that no useful purpose would be served in asking doctors to complete record cards in respect of such vaccinations and paying them the appropriate fee. During the year two injections for vaccination against poliomyelitis were given to :—

(a) children born in the years 1943-1961	43,270
(b) persons born in the years 1933-1942	14,701
(c) persons born before 1933 who had not passed their 40th birthday	41,783
(d) others	1,746
(e) total persons vaccinated	101,500

In addition, 92,776 persons received a third injection whilst 114,860 schoolchildren received fourth injections.

Diphtheria

It is pleasing to be able to report that no notifications of diphtheria were received during 1961. The following table gives details of the number of primary immunisations which were carried out during the year and also of the number of reinforcing doses given.

	Children born in years—							Total
	1961	1960	1959	1958	1957	1952-1956	1947-1951	
A. Number of children who completed a full course of primary immunisation (including temporary residents) during the year	7,577	15,009	2,444	1,344	1,074	4,512	1,880	33,840
3. Number of children who received a secondary (reinforcing) injection (i.e. subsequently to primary immunisation at an earlier age) during the year.....	6	143	259	317	1,273	19,977	7,998	29,973

Whooping Cough

Immunisation against whooping cough was carried out both by general medical practitioners to whom vaccine was provided free of charge, and by the County Council's medical staff. Under these arrangements 28,363 children were immunised (12,986 more than in the previous year). It should, however, be emphasised that the figure for 1961 includes children immunised by general medical practitioners who prefer to use the combined pertussis/diphtheria vaccine.

	Children born in years—							Total
	1961	1960	1959	1958	1957	1952-1956	1947-1951	
Number of children who completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) during the year	10,299	13,217	1,693	779	532	1,385	458	28,363

Yellow Fever

The Yellow Fever Vaccination Centre designated by the Ministry of Health for the purposes of the International Sanitary Regulations which was established at the County Health Services Clinic, Coval Lane, Chelmsford, on 1st July, 1960, continued to operate during 1961 when 123 vaccinations were carried out. These vaccinations were undertaken by appointment and on payment of a charge of one guinea for each vaccination, this charge being subject to abatement in accordance with the County Council's Assessment Scales in the case of persons normally resident in the Administrative County.

ESSEX EPIDEMIOLOGICAL COMMITTEE

There was no meeting of the Essex Epidemiological Committee during the year under review.

VENEREAL DISEASE

The returns submitted from Special Clinics in respect of patients attending there during 1961 showed that 76 cases of syphilis and 419 cases of gonorrhoea were diagnosed during the year. The following table shows the numbers of cases notified during the last five years :—

	1957	1958	1959	1960	1961
Syphilis	104	107	67	66	76
Gonorrhoea	236	269	357	395	419

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

Place of Diagnosis	Syphilis	Gonorrhoea	Other Conditions
Essex	43	183	1,183
London	31	180	1,221
Elsewhere	2	56	403

HEALTH EDUCATION

Lectures

As was to be expected because of the general increase in the whole work of the Health Education Service, 830 more lectures were given in 1961 than in 1960. These lectures, which totalled 5,285, covered a very wide range of subjects relating to all aspects of health education. They were given to the following groups :—

Youth Groups	202
Schools	784
Clinic Audiences	3,840
Others	459

General discussions on the subject of each lecture were invited and welcomed.

Film Shows

During the year three additional films were obtained for use in the Department's Film Library, these being entitled "Time Pulls the Trigger," "My First Baby" and "The Ellingham Road Day Nursery." The film on the Ellingham Road Day Nursery was produced by the B.B.C. who kindly made a copy available for distribution throughout the County.

A total of 561 film shows were presented during 1961, when 1,101 films were shown to various audiences.

Film Strips

Arrangements were made for the Department's Film Library to be extended and at the end of the year it contained 83 film strips.

Exhibitions

The major exhibition presented during 1961 was staged at the Essex Agricultural Show which was held on the permanent show ground at Great Leighs. The theme of the exhibition included :—

Dental Health Education

Refuse Disposal

School Health

Ambulance Service

Farm Safety

Facilities were made available to the North-East Metropolitan Regional Hospital Board for the siting of a mass miniature X-ray unit adjacent to this exhibition.

As part of the County Council's programme of Dental Health Education in Harlow, Dental Health Weeks were staged at two schools in the town and one of these was visited by Mr. K. Thompson, M.P., Parliamentary Secretary to the Minister of Education.

Other exhibitions were presented in various parts of the County on the subject of "Smoking and Lung Cancer," "Immunisation" and "Dental Health."

In-Service Training

With the co-operation of the Central Council for Health Education, in-service training courses on the subjects of "Cancer Education" and the "Mental Health Act 1959" were held in Chelmsford and Ilford and were attended by large numbers of medical, nursing and other staff.

Cancer Education

The pilot campaign referred to in my two previous Annual Reports was continued in the Mid-Essex Health Area and in the catchment area of the Tilbury and Riverside Hospital.

Royal Society for the Prevention of Accidents

The County Council continued to make a financial grant to the Royal Society for the Prevention of Accidents and literature made available by that Society was sent to the Area Medical Officers throughout the County.

Home Safety

At the end of 1961, 11 home safety committees had been established in the Administrative County and to each of them the County Council made an annual grant of £20.

With the co-operation of the North-East Metropolitan Regional Hospital Board, for which I am grateful, arrangements were commenced on 1st October, 1961, whereby Group Hospital Management Committees arranged for completion of simple forms giving information relating to persons attending hospitals either for in-patient or out-patient treatment following accidents in their own homes. In this way it was possible to obtain most helpful information about accidents in the home in general and in particular about the causes of such accidents. It is hoped that the information obtained will provide a firm basis for accident prevention teaching in the Health Areas.

Supply of Health Education Material

Copies of the publication "Better Health" were produced and distributed each month to schools, libraries, newspapers and Health Services Clinics throughout the Administrative County. The arrangements were continued whereby an insert containing items of particular local interest was included in each copy of the publication.

Health Education in Training Centres

Films and film strips considered to be suitable for showing to the mentally disordered were shown during the year at Junior Training Centres.

Health Education in Schools

It was found during 1961 that teaching staffs of schools throughout the Administrative County were asking more and more for guidance and assistance in health education matters and there was an increased demand during the year for nursing staff to visit schools and talk to senior girls. To be of value these talks have, however, to be carefully prepared and must be presented by specially selected health visitors who are able to impart information freely and give confidence to the pupils.

DOMESTIC HELP SERVICE

The following table gives particulars of the number of whole-time, part-time and casual helps employed in the service over the past five years :—

Category	1956	1957	1958	1959	1960	1961
Whole-time helps	36	29	25	21	17	22
Regular part-time helps	1,023	1,080	1,327	1,406	1,575	1,688
Other helps (casual)	1,224	1,225	1,154	1,145	1,242	1,297
TOTAL	2,283	2,334	2,506	2,572	2,834	3,007
Total working on 31st December	1,926	2,013	2,172	2,293	2,466	2,620

Whilst it was found advisable to continue the policy of employing Domestic Helps on a part-time (rather than full-time) basis difficulties were experienced at some periods of the year and in particular in some districts, in recruiting and retaining an adequate number of Helps to meet the demands which fluctuated because of domiciliary confinements and variations in the incidence of illness of patients being nursed at home.

The number of new cases helped during the year under review was 8,249, some 275 more than in the previous year. The total number of cases helped was 17,177, an increase of 1,489 over the 1960 figure whilst in all a total of 2,339,573 hours of help were provided. It is interesting to note from the following table, which shows how the Domestic Help Service has developed over the past five years, that there have been annual increases in the amount of help provided and in the number of cases assisted in all categories with the single exception of cases of tuberculosis. In this connection it will be seen that 294 tuberculous cases were provided with domestic help in 1957 and that this figure had been reduced to 209 in 1961.

New cases

Category	1957	1958	1959	1960	1961
Maternity	2,000	2,101	2,121	2,314	2,403
Acute sick	815	810	828	852	966
Tuberculosis	121	113	98	79	61
Chronic sick—aged	2,650	3,043	3,571	3,612	3,680
Chronic sick—others	644	696	753	750	731
Aged—non-sick	210	176	187	150	193
Others	139	155	230	217	215
TOTAL NEW CASES	6,579	7,094	7,788	7,974	8,249

Total number of cases and hours of help provided

Category	1957		1958		1959		1960		1961	
	No. of Cases	No. of hours provided	No. of Cases	No. of hours provided	No. of Cases	No. of hours provided	No. of Cases	No. of hours provided	No. of Cases	No. of hours provided
Maternity ...	2,079	125,485	2,189	122,641	2,192	112,264	2,406	114,497	2,529	107,625
Acute sick ...	916	49,320	969	46,979	945	44,917	983	47,720	1,109	47,089
Tuberculosis	294	59,753	260	54,561	235	47,203	206	43,263	209	39,583
Chronic sick—aged ...	6,687	1,210,276	7,543	1,313,158	8,570	1,500,102	9,575	1,635,103	10,594	1,703,510
Chronic sick—others ...	1,360	254,724	1,419	272,369	1,608	297,022	1,705	313,262	1,838	321,308
Aged non-sick	613	98,234	535	82,154	526	80,582	511	77,208	589	77,325
Others ...	177	25,516	209	38,653	293	42,643	302	46,493	309	43,133
ALL CASES	12,126	1,823,308	13,124	1,930,515	14,369	2,124,733	15,688	2,277,546	17,177	2,339,573

During the year a scheme designed to provide domestic help without charge to expectant mothers suffering from toxæmia of pregnancy was brought into operation with a view to ensuring that the patients concerned would have complete rest and freedom from worry. This extension of the Domestic Help Service was brought into operation for a trial period and was provided where a doctor certified that an expectant mother was suffering from toxæmia of pregnancy and that the provision of free domestic help was medically necessary and subject to :—

- (a) the domestic help being provided according to the needs of each individual case and at the discretion of the Area Medical Officer be whole-time, if necessary, including week-ends and public holidays but be not provided for more than 28 days without the submission of an additional medical certificate ;
- (b) after the completion of the confinement, charges for the continuance of domestic help be made in accordance with the Council's scale of assessment.

NIGHT ATTENDANCE SERVICE

Night attendance continued to be provided during 1961 for the under-mentioned types of cases :—

- (a) patients residing alone who were seriously ill ;
- (b) patients seriously ill in their own homes where an aged husband or wife could not provide the necessary assistance ; and
- (c) the relief of relatives who had to give routine attention to sick people.

Although it was expected that the demand for this service would rise appreciably once it became more widely publicised, the difficulty of recruiting on a casual basis, an adequate number of night attendants prevented the expected expansion of the service. Every effort is made in recruiting staff for this service to interest persons with some previous nursing experience.

The following information gives an outline of the amount of night attendance provided during 1961.

	<i>Patients residing alone who are seriously ill</i>	<i>Patients seriously ill in their own homes where an aged husband or wife cannot provide the necessary assistance</i>	<i>The relief of relatives who have to give routine night attention to sick people</i>	<i>Total</i>
Requests for help	59	49	182	290
New cases helped	46	37	139	222
Total cases completed (a)	45	39	139	223
Cases being helped at 31.12.61—				
Under 3 months	1	1	6	8
3-5 months	—	—	1	1
6 months and over	1	—	1	2
Total (b)	2	1	8	11
Total cases helped i.e. (a) plus (b)	47	40	147	234
Hours of help	6,549	3,284	13,332	23,064

FACTORIES ACTS 1937 & 1948

It was not found necessary to take any action during 1961 under Section 126 of the Factories Act 1948 whereby the County Medical Officer of Health is liable under certain circumstances, to perform or to arrange for the performance of the functions of factory doctors.

NATIONAL ASSISTANCE ACT

The Principal Senior Medical Officer made 51 visits to hostels maintained by the Welfare Committee. During these visits the opportunity was taken to give advice on the prevention of the spread of infection, on diets, on the correct use of isolation rooms, on the sterilisation of equipment and also to review the arrangements for the provision of chiropody for the residents.

Welfare of the Blind and Partially Sighted

The County Welfare Officer has kindly supplied the following information relating to the registration of persons found to be blind or partially sighted.

The total number of blind persons on the register at the end of 1961 was 3,278 a reduction of seven in the figure for 1960 and of these, 1,293 were males and 1,985 were females. The age groups of these patients was as follows:—

	<i>Under 16 years</i>	<i>16-20</i>	<i>21-29</i>	<i>30-39</i>	<i>40-49</i>	<i>50-59</i>	<i>60-64</i>	<i>65-69</i>	<i>70 & over</i>	<i>Total</i>
Male	46	17	41	71	111	158	104	130	615	1,293
Female	31	27	33	43	71	164	128	186	1,302	1,985
TOTAL	77	44	74	114	182	322	232	316	1,917	3,278

At the end of 1961 917 persons were registered as partially sighted and of these 359 were males and 558 females. The age grouping of the patients was as follows :—

	Under 16 years	16-20	21-49	50-64	65 and over	Total
Male	53	24	97	53	132	359
Female	38	18	56	79	367	558
TOTAL	91	42	153	132	499	917

A total of 473 Forms B.D.8 were completed during 1961 in respect of new cases including 36 found to be defective sighted and 32 who were not eligible for registration. As a result of these examinations 283 persons were registered as blind and 122 as partially sighted. In addition 399 re-examinations were undertaken with a view to reclassification of the patients concerned and the results of these examinations were :—

Blindness	109
Partial sightedness	239
Defective sightedness	40
Not eligible for registration	11
	399

The table which follows gives a summary of the information obtained in following up all the new cases where treatment was recommended on Forms B.D.8.

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
New cases only :—				
(1) Number of cases registered during the year in respect of which Form B.D.8 recommended—				
(a) No treatment	33	16	—	177
(b) Treatment (medical, surgical or optical)	80	47	—	120
(2) Number of cases at (1)(b) above which on follow-up—				
(a) Had received treatment	57	43	—	89
(b) Had refused treatment	7	2	—	3

CHIROPODY

Although every effort was made during 1961 to recruit an adequate number of qualified chiropodists it was not possible to attract and appoint sufficient applicants. In point of fact, although there were at the end of 1960 the equivalent of 31.1 full-time chiropodists in post, there were only the equivalent of 33.6 full-time officers at the end of 1961.

Comprehensive chiropody facilities are provided in the Barking, Dagenham, Leyton and Walthamstow Health Areas and in other parts of the Administrative County they are made available to the elderly, physically handicapped and expectant mothers only. In an attempt to improve the staffing position authority was given during the year for chiropodists in the County Council's employment undertaking not more than three evening sessions (each of three hours duration) each week, payment to be in accordance with the rate recommended by the Whitley Council for the Health Services (Great Britain).

In an attempt to make chiropody treatment available for as many patients as possible the arrangements whereby the Essex Old People's Welfare Committee, a voluntary organisation to which the County Council make grants for the purpose, provide chiropody treatment for the elderly through affiliated organisations were continued during the year.

Domiciliary chiropody treatment continued to be extended to those patients who were unable to travel by either public or ambulance transport to the clinic and approval was given to this domiciliary treatment being provided without requiring the production of a medical certificate.

Chiropodists employed by the County Council provided chiropody treatment for residents in the Homes for Old People maintained by the County Welfare Committee.

Some indication of the work undertaken by chiropodists in the employment of the County Council is given in the following table:—

	<i>New cases treated</i>	<i>Cases under treatment</i>	<i>Clinic attendances</i>	<i>Domiciliary treatments</i>	<i>Treatments at Welfare Committee's Establishments</i>
Children	1,416	827	7,898	—	—
Physically handicapped	308	558	3,052	1,594	696
Aged over 65 years	5,124	13,256	53,988	7,470	4,124
Others	1,774	6,503	32,291	7	1
TOTAL	8,622	21,144	97,229	9,071	4,821

REGISTRATION AND INSPECTION OF NURSING HOMES

There were 18 nursing homes registered by the County Council under Part VI of the Public Health Act 1936, at the end of 1961. Four homes were closed during the year and another, the owner of which died, was still awaiting re-registration at that time.

AGENCIES FOR THE SUPPLY OF NURSES

There was only one agency in operation in the Administrative County during 1961 and an indication was given by the proprietress that it was not her intention to ask for the renewal of her licence at the end of the year.

SECTION VI—THE AMBULANCE SERVICE

Operation of the Service

At the beginning of the year the arrangements for operational control were the same as previously, the County being divided into two for this purpose—Division I comprising Metropolitan Essex with a Divisional Control at Ilford and Division II covering the remainder of the County with a Divisional Control at Chelmsford. Broadly speaking, the two Controls accepted and dealt with all emergency calls and arranged the longer non-emergency journeys whilst officers in charge of Ambulance Stations arranged local non-emergency journeys.

Towards the end of 1960, however, consideration had been given to the introduction of certain changes in the system for operational control in Division II and approval was given to the establishment, for a period of six months, of an experimental operational control at the Colchester Ambulance Station which was to be responsible for accepting and dealing with all requests for ambulance transport arising in North-East Essex, an area roughly 35 miles long and 15 miles wide with a population of approximately 195,000. If this experiment proved successful consideration was then to have been given to the establishment of three further similar controls to cover the remainder of the Division.

The experimental Control was brought into operation on 14th May, 1961, with a staff consisting of an Area Superintendent and five Assistant Area Superintendents, which was considered to be sufficient. The Area Superintendent, in addition to being responsible for the work of the Control and the Ambulance Station at Colchester, was also to accept responsibility for the administration of the other four Ambulance Stations in the area and for liaison with local hospitals. Within a very short time, however, it was found that the number of staff employed at the Control was inadequate to deal with the work involved and the Area Superintendent had no time available in which to carry out his duties of Station supervision and hospital liaison. In order to maintain the service, therefore, arrangements were made to increase the number of staff employed at the Control by seconding an Assistant Station Officer to undertake duties as an Assistant Area Superintendent and by appointing a whole-time clerk.

At the expiration of the six months the results of the experiment were assessed and it was concluded that to operate an Area Control on the lines envisaged at least eight full-time staff in addition to the Area Superintendent would be required and that difficulties would arise from time to time on the boundaries of control areas. It was accordingly decided that it would be inadvisable to set up further Area Controls in Division II as such arrangements would not only be more costly but less efficient than the previous arrangements. It was, however, considered that there were advantages in the arrangements whereby an Area Superintendent is responsible for a group of Stations.

A further review was therefore undertaken of the work of the Ambulance Service and in the light of the experience gained at Colchester and in order to obtain the maximum advantage from the two-way radio-telephony equipment with which all ambulance vehicles are now fitted it was decided that full control over all ambulance vehicles operating within each Division (i.e. non-urgent as well as emergency journeys) could be exercised by the existing Controls at Chelmsford and Ilford provided a re-organisation was undertaken. The staff establishment at each Control was accordingly revised to meet the increased duties and responsibilities and enable a higher calibre of officer to be employed.

In order to deal with the large number of journeys to be undertaken in Division I it was agreed that the Control and the five Ambulance Stations which will serve the Division should have teleprinter equipment installed so that routine journeys for the following day can be planned at the Control and the appropriate details transmitted to the Stations concerned during the night and thus be available for the day shift workers when they arrive on duty in the morning. The advantage of this system also is that the necessary messages can be transmitted even if the Station is left unmanned at any time. In Division II, however, such arrangements are considered neither essential nor indeed practicable because of the greater geographical area and the larger number of Stations involved. The Out-posted Officer at The London Hospital, referred to in my report for last year, will be retained for the present but further consideration to the continuance of this appointment will be given after the revised control arrangements have been in force for a time.

With regard to Station supervision and hospital liaison it was agreed that in Division II there should be four areas each containing a group of five Ambulance Stations. Each area would be in charge of an Area Superintendent, based on the largest station in the area, who would have a clerk to assist him with his office duties, e.g. requisitioning supplies for the Ambulance Stations in the area. Each Station would be in the direct charge of a Head Driver except that the Thurrock Ambulance Station, which is the largest one without an Area Superintendent and which has special responsibilities for the Port of London, would be in charge of an Assistant Area Superintendent. The occupant of this post would also be available to act as relief in the event of any of the Area Superintendents being absent from duty for a prolonged period.

So far as Division I is concerned, the numbers of vehicles and men at each Station are comparable to the numbers in an area in Division II. In view of this it was decided that each Station in Division I should be in charge of an Area Superintendent who would have four Head Drivers to assist him in running the Station.

Certain posts, such as those of Station Officer and Assistant Station Officer, will not exist in the proposed reorganisation but in accordance with the usual policy of the County Council redundant staff will be allowed to retain their existing status and rates of remuneration.

It is estimated that the reorganisation will result in an eventual maximum annual net saving of £39,000 in respect of salaries and wages, as although there will be extra staff at the controls there will be fewer staff at the Ambulance Stations and a greater proportion than at present will undertake driving duties. It is also hoped that by the more effective control of vehicle movement and use of manpower other savings will be accomplished. Before the scheme can be brought into operation, however, there will be full consultation with the staff representatives and it is unlikely that any major alterations will be made before the middle of 1962. Details are given at the end of this Section of the revised establishments of vehicles and personnel at the two Controls and at the Ambulance Stations.

During the year minor arrangements for improving ambulance cover in various areas were made, the most important being an additional ambulance and crew at Harlow for day-time work to meet increasing demands in that area and the out-posting of a vehicle and crew during the day at Rochford and also at Wickford to provide more adequate accident cover.

Staff

The numbers and categories of the operational staff in the Service at the end of 1961 were as follows : one Area Superintendent, 20 Station Officers, 28 Assistant Station Officers, 4 Assistant Area Superintendents, 5 Head Drivers, 488 Driver Attendants, 2 Controllers, 7 Control Room Assistants, 26 Control Clerk/Telephonists, 10 Clerk/Telephonists and 1 Out-Posted Officer at The London Hospital.

All Driver Attendants were entered as usual for the National Safe Driving Competition organised by the Royal Society for the Prevention of Accidents and during the year under review 385 succeeded in obtaining an award signifying freedom from any accident, however slight, to persons or property for which they were in any way to blame ; this was nine more than in 1960.

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 1961 the great majority of Driver Attendants held current first aid qualifications recognised by the County Council.

Vehicles

During the year 24 new diesel-engine ambulance vehicles were brought into use to replace the same number of obsolete petrol-driven vehicles and by the end of the year there were 149 such vehicles in use in the Service and orders were placed during the year for 19 similar ones.

The total fleet numbers 124 ambulances and 82 sitting-case vehicles. 106 of these vehicles are capable of carrying two stretcher patients or one stretcher and five sitting patients or eight sitting patients. Approximately 15 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.

At the end of the year the Agency Services remained unchanged.

During the year experiments were continued with the design of ambulance vehicles and the various types of equipment used in the Ambulance Service with a view to improving, if possible, the high standard already existing. As an aid to movement in traffic, particularly at night, blue flashing lights were fitted for trial purposes to a number of ambulances. These proved extremely useful and as a result blue flashing lights, complying with the appropriate regulations, are to be fitted in due course to all ambulances in addition to the warning bell which is at present provided.

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

Stations

The arrangements for the provision of ambulance services approved by the Ministry of Health provide for five 20-bay Ambulance Stations in Metropolitan Essex. The Stations at Becontree and Ilford have been in operation for some time and further progress was made on 29th September, 1961 when two new 20-bay Ambulance Stations were opened at Buckhurst Hill and Whipps Cross (Leyton). These replaced smaller temporary and unsatisfactory premises at Chingford and Loughton, and Leyton and Walthamstow respectively.

The building of the fifth new Ambulance Station which is to be at Romford started during the year and when this is finished the existing Stations at Hornchurch and Romford will be closed and the present plan for Metropolitan Essex will be complete.

A site was acquired for the erection of a 10-bay Ambulance Station at Basildon but as tenders for the work were greatly in excess of the estimated cost, none was accepted and arrangements were made for fresh tenders to be obtained early in 1962.

Approval was received from the Minister of Health to the erection of new Stations at Thurrock, Harlow and Clacton-on-Sea and an indication given that loan consent would be likely to be forthcoming during 1962-63 in respect of new Stations at Ongar, Braintree and Burnham-on-Crouch.

Certificates of Commendation

During the year Certificates of Commendation suitably inscribed on parchment and framed were awarded to the undermentioned Driver/Attendants :—

H. Donaghue and D. Wallace, Ilford Ambulance Station

C. D. Bertram and K. G. Morse, Halstead Ambulance Station

F. G. Barton and C. F. Bown, Ilford Ambulance Station

A. J. Kendrick and H. C. Stockbridge, Romford Ambulance Station

First Aid and Efficiency Competition

The First Aid and Efficiency Competition for the County Ambulance Service was again held at the Chelmsford Ambulance Station, when Driver/Attendants N. Palmer and S. G. Scott from Chelmsford were the winners. The winning team later took part in the Regional Competition which was held at New Malden, Surrey.

Training of Staff

Proposals for the training of ambulance personnel in both peace-time and civil defence duties were approved during the year.

Accordingly, arrangements were made as a first step for a series of one-week civil defence courses to be held in Chelmsford and Ilford for the full-time ambulance staff employed in Division I and Division II during the autumn and winter, respectively. Approximately 20 men at a time are catered for at each course and by the end of the winter nearly half the staff had undertaken a course. It is intended that the courses will be repeated in the autumn of 1962 to enable the remainder of the staff to attend.

Railway Accident at Pitsea.

On 18th April vehicles of the County Ambulance Service attended at a railway accident at Pitsea. A satisfactory flow of vehicles was maintained to the hospitals at Southend-on-Sea, Billericay and Orsett and in all 42 patients were transported to hospital.

A letter was received from the General Manager of the Eastern Region of the British Transport Commission referring to the valuable assistance given by members of the Ambulance Service at the mishap and conveying the Commission's grateful thanks for the manner in which the Ambulance Service responded to the emergency.

Statistics

The number of patients conveyed, total mileage involved and the average mileage per patient in 1959, 1960 and 1961 for the whole Service are as follows :—

		Directly Provided Service	Agency Service	Hospital Car Service	Whole Service
Patients conveyed	1959	632,164	7,902	47,333	687,399
	1960	659,763	6,688	48,451	714,902
	1961	665,613	6,542	50,518	722,673
Mileage	1959	3,558,163	108,231	773,207	4,439,601
	1960	3,685,812	78,776	817,190	4,581,778
	1961	3,659,050	71,095	834,667	4,564,812
Average mileage per patient	1959	5.63	13.7	16.3	6.46
	1960	5.59	11.8	16.9	6.41
	1961	5.50	10.9	16.5	6.32

More patients were conveyed than in previous years but despite this there was a decrease in the average mileage per patient in both the directly and indirectly provided services. The overall decrease did not quite reach the low level attained in 1958 that is shown in the following table, although the downward trend is encouraging :—

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	643,542	4,319,136	6.72
1958	693,164	4,376,790	6.31
1959	687,399	4,439,601	6.46
1960	714,902	4,581,779	6.41
1961	722,673	4,564,812	6.32

Non-emergency Cases

The number of non-emergency patients conveyed in 1961 was 659,172 compared with 661,587 in 1960. The majority of these 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 six years :—

<i>Year ended</i>	<i>Gross expenditure</i>	<i>Cost per patient</i>	<i>Cost per mile</i>
		<i>s. d.</i>	<i>s. d.</i>
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
31.3.1960	£658,905	18 9	2 10
31.3.1961	£709,695	19 9	3 0

PROPOSED ESTABLISHMENT OF STAFF

Division I

Ilford Ambulance Control

- 1 Control Supervisor
- 4 Controllers
- 4 Assistant Controllers
- 10 Control Operatives
- 5 Clerk Telephonists
- 1 Out-posted Officer at The London Hospital

Ambulance Stations

<i>Station</i>	<i>Area Superintendents</i>	<i>Head Drivers</i>	<i>Driver Attendants</i>	<i>Ambulances</i>	<i>Sitting Case Vehicles</i>
Ilford	1	4	42	12	8
Becontree	1	4	42	12	8
Whipps Cross	1	4	44	12	8
Buckhurst Hill	1	4	44	12	8
Romford }	1	4	44	12	8
Hornchurch					
TOTAL	5	20	216	60	40

Division II

Chelmsford Ambulance Control

1 Control Supervisor

4 Controllers

4 Assistant Controllers

5 Control Operatives

7 Clerk Telephonists (1 to be "out-posted" at the Colchester Ambulance Station to enable non-urgent requests received from doctors and hospital staffs to be relayed to the Chelmsford Control without the necessity for having to telephone long distances).

Ambulance Stations

Station	Area Superintendents	Assistant Area Superintendents	Head Drivers	Driver Attendants	Clerks	Ambulances	Sitting Case Vehicles
Chelmsford Area							
Chelmsford	1	—	1	28	1	5	4
Witham	—	—	1	8	—	1	1
Braintree	—	—	1	8	—	1	1
Maldon	—	—	1	8	—	1	1
Brentwood	—	—	1	15	—	2	3
Harlow Area							
Harlow	1	—	1	21	1	4	3
Saffron Walden	—	—	1	8	—	1	1
Dunmow	—	—	1	8	—	1	1
Epping	—	—	1	8	—	1	1
Ongar	—	—	1	7	—	1	—
Basildon Area							
Vange (Basildon)	1	—	1	20	1	3	2
Thundersley	—	—	1	17	—	3	3
Thurrock	—	1	—	28	—	5	3
Canvey Island	—	—	1	4	—	1	—
Billericay	—	—	1	4	—	1	—
North-East Area							
Colchester	1	—	1	28	1	5	4
Clacton	—	—	1	14	—	2	2
Harwich	—	—	1	8	—	1	1
Halstead	—	—	1	4	—	1	1
Frinton	—	—	1	4	—	1	—
TOTAL	4	1	19	250	4	41	32

SECTION VII—THE MENTAL HEALTH SERVICE

Administration

The Mental Health Service continued to be administered during the year on the same lines as previously with the exception that, as reported elsewhere, Schemes of Delegation of Health and Welfare Functions in respect of the Borough of Colchester and the Urban District of Basildon came into operation on and from 1st April, 1961. Consequently the functions of the Mental Health Service in these two areas, except the provision of residential accommodation for the mentally ill, are now the immediate concern of the respective Councils and their Medical Officers of Health within the general framework of County Council policy. Each of these two authorities has the full-time services of a Mental Welfare Officer and arrangements exist whereby the other Mental Welfare Officers in the area share week-end and night duties.

Hitherto the Mental Health Sub-Committee had met monthly but, as a result of variations in procedure due to the Mental Health Act 1959 which were referred to in my previous report, it has been possible to re-arrange the work of the Sub-Committee to bring it more into line with the other Sub-Committees of the Health Committee and, from 30th June, 1961 it was decided that the Sub-Committee should meet on eight occasions each year instead of 11 as previously.

Staff

Mr. P. D. W. Hardy, Mental Welfare Officer, resigned from the service on 31st March and there were two retirements of Mental Welfare Officers during the year, namely Mr. W. G. Collis and Mr. E. S. Larkin who retired on 31st May and 1st August, respectively, both being on extended service at the time. These vacancies were filled by the appointment of Mr. J. F. Wiffen on 8th May, Mr. B. Gorman on 1st July and Mr. C. R. Carnie on 1st August, 1961.

The County Council's revised proposals for the development of the Mental Health Service, following the introduction of the Mental Health Act 1959, which have been approved by the Minister of Health, provide for adjustments to be made from time to time in the establishment of staff to meet the needs of the service and for whatever measures are necessary to be taken to ensure that all grades of staff are adequately trained and qualified. Prior to the provisions of the Act coming into operation, Mental Welfare Officers (formerly Duly Authorised Officers) were responsible for arranging the admission to hospital of mentally ill patients and for providing community care for both mental defectives and mentally ill persons. In practice, however, the greater part of their social work related to mentally defective persons but the greater emphasis is now laid on the services to be provided in the community and local health authorities are required to cater for the needs at all stages of those who suffer from any form of mental disorder, i.e. those formerly regarded

as mentally defective as well as mentally ill persons. A review of the establishment of social workers was therefore undertaken during the year and, having particular regard to the increased number of patients suffering from mental illness which are being referred to the department for community care on discharge from hospital (a trend which it is anticipated will increase in the future) and bearing in mind the recommendations of the Working Party on Social Workers (The Younghusband Report), six additional posts of psychiatric social worker—making seven in all—were created. Such social workers are important links between the hospitals, the general medical practitioners and the local health authority and it was therefore agreed that one psychiatric social worker should be employed at each of the seven existing mental health sub-offices in the Administrative County and should be regarded as the senior social worker of the group.

Owing to the national shortage of psychiatric social workers it was considered unlikely that all seven posts would be filled immediately. A similar number of posts of trainee psychiatric social worker were therefore also created and a scheme introduced whereby suitably qualified Mental Welfare Officers could be seconded and students with suitable academic backgrounds sponsored to enable them to train and qualify as psychiatric social workers.

In order to improve and maintain the present standard of service all existing Mental Welfare Officers are required to undertake appropriate courses of instruction of up to two years' duration and four posts of Mental Welfare Officers were added to the establishment, the occupants to undertake relief duties at any sub-office where a member of the permanent staff is absent on a course or through illness. The calibre of candidates applying for vacant posts of Mental Welfare Officer is generally not high and it is the exception rather than the rule for an applicant to hold a social worker's qualification. Four posts of trainee Mental Welfare Officer were therefore also created in order to facilitate the filling of vacancies arising from resignations and retirements by properly qualified staff.

As stated above, it is envisaged that it will be some time before it will be practicable to appoint a psychiatric social worker to each sub-office to be responsible for the work and, where appropriate, for the trainee Mental Welfare Officers. It was consequently decided that one of the existing Mental Welfare Officers should be appointed on a temporary basis at each sub-office to be in charge until a psychiatric social worker can be appointed.

Following on the principle already established that every opportunity should be given to enable members of the staff to obtain proper training, arrangements were made for staff to attend appropriate in-service training

courses. During 1961 two Mental Welfare Officers commenced attendance at a course on Human Relations arranged by the Middlesex County Council in conjunction with the University of London, involving 30 training sessions. Three other Mental Welfare Officers, including one from the Borough of Colchester, commenced attendance at an in-service training course on mental health and social work held at the Cambridgeshire Technical College and another attended an induction course for Mental Welfare Officers arranged by the National Association for Mental Health. In addition to these training courses, 10 Mental Welfare Officers attended on one or more days at a three-day study course held at Severalls Hospital, Colchester and the Supervising Mental Welfare Officer attended a course for senior local authority officers in the health and welfare services, also arranged by the National Association for Mental Health.

So far as the staff of the training centres are concerned, two assistant supervisors commenced attendance at the one-year diploma course organised by the National Association for Mental Health and during the year two assistants returned from the previous year's course, having obtained the Association's Diploma, and were regraded as qualified assistant supervisors. One assistant instructor from a Senior Training Centre attended a course organised for the first time by the Association and obtained the appropriate Diploma. Thirty members of the staff of junior training centres attended a study day arranged by the County Borough Council of West Ham during the year. A four-day in-service training course for teaching staff of training centres was organised by the Department and took place at the Wansfell Residential College, Theydon Bois, from 10th to 13th April, 1961. Thirty-three members of the staff attended this course which included lectures and demonstrations on training principles, psychology, development of the mentally handicapped child, physical education and recent mental health legislation.

Care and After-Care

During 1961 community care for persons living in the County continued to be provided by Mental Welfare Officers, since it had again been found impossible to appoint a psychiatric social worker. At the request of the Barking Borough Council, and with their co-operation, arrangements were made for a Mental Welfare Officer to attend at the Town Hall, Barking on one afternoon each week to assist and advise persons in need of help from the mental health service. This service was later extended, at the request of the Dagenham Borough Council, to that area also and a Mental Welfare Officer now attends on alternate weeks for an afternoon at the Barking Town Hall and the Civic Centre, Dagenham. Whilst the number of cases dealt with is

comparatively small it is nevertheless considered that a useful service is being performed which may well become more widely known in due course. These arrangements are however being kept under review so as to ensure that the time of the Mental Welfare Officer is usefully employed.

Tables are appended giving details of the number of new cases brought to notice during the year and the number in receipt of community care at the end of the year, indicating the form of care and class of mental disorder. The table below shows the visits made by Mental Welfare Officers in 1961 :—

	No. of visits
Mental Health Act, 1959—Preliminary Visits	1,727
National Health Service Act, 1946—Community Care—	
Initial visits	838
Subsequent visits	10,173
Visits in connection with patients' property	193
Visits to patients in hospital	66
Other visits	4,025
Total	17,022

Training Centres

During the year further progress was made in the improvement and extension of the facilities provided at Training Centres. Work commenced on the erection of a comprehensive training centre at Harold Wood Hall, Romford which will provide accommodation for 75 children and adult females and 50 adult male pupils. When this is open the present Ilford Junior Training Centre, which is held in unsatisfactory hired premises, will be closed and the over-crowding at the Ilford Senior Centre will be relieved owing to the additional places available for adults. It is anticipated that this centre will be opened in the Autumn of 1962.

A start was also made on the erection of a similar comprehensive centre at Basildon, and approval was received from the Ministry of Health to the provision of a junior centre at Harlow as the first stage of a scheme for the eventual establishment of a comprehensive centre. Pending the completion of these new centres arrangements were put in hand for the hiring of accommodation at Harlow and Basildon for temporary junior centres.

Negotiations were commenced for the acquisition of sites for senior centres at Leyton and Chelmsford and the Education Committee agreed to make a site available at Clacton for a small comprehensive Centre.

In view of difficulties in respect of the site, it was not found possible to make any progress during the year in respect of the proposed Advanced Training Unit at Dagenham.

In my previous report I referred to the new comprehensive training centre which was opened in Colchester on 30th June, 1960. This purpose-built centre has created a certain amount of interest and during 1961 visits have been paid to the centre by members and officers of the Norfolk County Council, members of the Mental Health Standing Advisory Committee and local organisations.

Approval was given during the year to the erection of additional accommodation at the Chelmsford Junior Training Centre to provide a new utility room and covered play space, and also to extensions at the Wanstead Junior Training Centre to provide an additional classroom and extend an existing one to make it suitable for assembly and dining.

Other matters of interest in connection with training centres include the provision of tape recorders where the Supervisors expressed a desire for such equipment, the completion of preliminary arrangements for a scheme of swimming instruction at the Barking Junior Training Centre in conjunction with the South West Essex Technical College and the provision of facilities to allow hairdressing to be carried out at the same centre. If this latter scheme is successful it is hoped to make similar arrangements at other training centres.

For some time it has been considered that circumstances prevented a large number of children attending training centres from having a holiday in the usual sense and that if suitable arrangements could be made, not only would it benefit the children concerned but it would provide some measure of relief for the parents. Arrangements were accordingly made for a party of children to attend a specialised holiday camp on the Kent coast for a week at Whitsuntide accompanied by members of the staff of the training centres concerned. 73 children were able to take advantage of this holiday and the success of the scheme has warranted consideration being given to an extension of this facility in future years so as to enable older pupils to have a holiday.

Pending the provision of advanced training units and/or sheltered workshops, consideration has been given to suitable pupils at training centres undertaking some form of industrial work as it is felt that the principle of mentally disordered persons carrying out simple work to earn money in order to assist in maintaining themselves is one which should be encouraged. Pilot schemes were put into operation during the year, involving the assembly of pot scourers, the splitting and bundling of firewood and the assembly of sweet boxes. The experience thus gained has shown that a considerable extension of these and similar schemes would be of much benefit. It is hoped therefore to be able to arrange for these activities to be introduced on a much wider scale in the near future.

During the year the Braintree and District Society for Mentally Handicapped Children distributed at the Braintree Centre many new toys at Christmas time which had been received from members of the public.

At the end of the year the registers of the 14 Centres in operation contained the names of 466 children, 198 adult females and 227 adult males, a total of 891, whilst two children attended a centre belonging to a neighbouring authority.

Residential Accommodation

Reference was made in my last Annual Report to the scheme prepared for the erection of a residential hostel for 24 mentally disordered children at Colchester. During 1961 plans and bills of quantities were prepared and approved and at the end of the year the erection of the hostel was well in hand. It is anticipated that the hostel will open in June 1962.

It is intended that the primary function of this establishment will be to provide residential accommodation for subnormal children who are suitable to attend a Training Centre but whose homes are too remote to enable them to attend a Centre or whose homes are unsatisfactory. The children will attend the Colchester Junior Training Centre, returning, if possible, to their own homes during holiday periods, and use will then be made of the accommodation for the short-term care of other subnormal children.

Approval was also obtained from the Ministry of Health to the erection of two hostels each for 30 subnormal adults, one on a site at Harold Wood Hall, Romford and the other on a site adjacent to the children's hostel at Colchester.

Preliminary consideration was also given to the design of hostels for the accommodation of persons discharged from hospital following mental illness, and it is hoped that the first of these will be commenced during 1962.

During the year an approach was made to all local authorities in the County with a view to renting suitable housing accommodation in order to establish small hostels for the mentally ill, the intention being that this type of hostel would be a "half-way house" and would cater for persons discharged from hospital who, whilst not requiring any further treatment, nevertheless needed a sheltered environment and some temporary support to enable them to become fully established in the community. As a result of these approaches it was apparent that there is a possibility of obtaining such accommodation in the Ilford, Thurrock and Colchester areas and close liaison is being maintained with the psychiatric hospitals concerned so that, when such hostels are established, patients will be selected who are likely to make a full recovery.

Temporary residential care was provided at the expense of the County Council for 172 patients for varying periods during the year, mostly in private homes. 33 other patients were admitted for a short period to an appropriate hospital under arrangements made by the County Council's staff and many others were also admitted direct as a result of action by general medical practitioners and relatives.

Social Clubs

The Goodwill Social Club at Ilford continued its good work, and co-operation with Goodmayes Hospital, at which most of the Club members received treatment, was strengthened during the year when arrangements were made for a medical officer from the hospital to attend the Club sessions regularly to give psychiatric support.

The usual grant to a similar club organised by the East Ham Borough Council, which a few Essex patients attend, was also continued. Essex patients also attend social clubs run by a voluntary organisation in London for which payment is made.

Approval of Medical Practitioners

In accordance with the provisions of Part III of the Mental Health Act, 1959, it is necessary for the recommendations required for the purposes of an application for the compulsory admission of a patient to a psychiatric hospital to be signed by two medical practitioners, one of whom should be approved for this purpose by the local health authority as having special experience in the diagnosis and treatment of mental disorder. Since the Mental Health Act, 1959, came into operation 57 such medical practitioners have been approved for this purpose in consultation with the local advisory panel and 8 of these approvals were given during 1961.

Mental Nursing Homes

In accordance with the provisions of Part VI of the Mental Health Act, 1959, two establishments in the County were considered to be mental nursing homes within the meaning of the Act and appropriate action was taken to effect their registration as such. One registration concerned a home for the accommodation of 40 male persons suffering from subnormality or severe subnormality and was effected in April 1961. Subject to certain fire precautionary measures being carried out, a second home providing accommodation for 128 females aged 16 or over and similarly suffering from subnormality or severe subnormality, was provisionally registered.

Voluntary Organisations

The co-operation which has existed for many years between the County Council and national and local voluntary organisations has been continued throughout the year although none of the powers and duties of the Council are delegated to those organisations. It should nevertheless be recorded that their

co-operation is very much appreciated throughout the service. The grant made to the National Association for Mental Health in support of their general work was continued at the increased rate approved in 1960. Financial support of the voluntary association set up in Barking was also continued.

In co-operation with the Women's Voluntary Service for Civil Defence, volunteers have attended at two training centres in order to assist in routine duties connected with the care of children and the help of these persons has been very much appreciated. It is hoped to extend this scheme to the other centres.

Hospital Admissions

Since the Mental Health Act, 1959, came into force the responsibility for the admission of patients to psychiatric hospitals has become more clearly the responsibility of general medical practitioners. In regard to subnormal patients however the general principle has been adopted that subject to the wishes of the practitioner concerned the request for admission to hospital is made or supported by the County Council.

Waiting lists are not now maintained by the Council but at the end of the year 202 patients, whose names were on the former list, were still awaiting admission.

During the year the Mental Welfare Officers were concerned in 663 informal admissions to hospital, whilst they were also involved in the following compulsory admissions under the Mental Health Act :—

					Applications made by Mental Welfare Officers	Applications made by relatives with the assistance of Mental Welfare Officers
Section 25	.....	.....	.....	.....	120	80
Section 26	.....	.....	.....	.....	77	38
Section 29	.....	.....	.....	.....	424	170
Section 33	.....	.....	.....	.....	1	—

European Congress

The Chairman of the Mental Health Sub-Committee and the Deputy County Medical Officer of Health attended the Congress on the education, training and employment of the mentally handicapped which was arranged on October, 1961 by the European League of Societies for the Mentally Handicapped and was held in London and at The Hague. This was the first major activity of the League since its inception during World Mental Health Year and resulted from the concern of national groups, both professional and parental, to advance the interests of the mentally handicapped at an international level. The Congress proved to be most instructive and a number of interesting points arose which will be borne in mind in connection with the future organisation of the mental health service.

Attempted Suicide

On 18th September the Ministry of Health issued Circular 24/61 which referred to a memorandum issued to hospital authorities about psychiatric care for persons who have attempted to commit suicide. This memorandum indicated that under the provisions of the Suicide Act 1961 attempted suicide ceased to be a criminal offence. This amendment of the law implies that attempted suicide is in future to be regarded entirely as a medical and social problem. As psychiatric factors are of major importance in cases of attempted suicide, hospital authorities are being asked to do their best to see that all such cases coming into a hospital receive psychiatric investigation before discharge. Whether or not a patient receives psychiatric treatment as an in-patient, adequate arrangements for treatment, care and help within the community are essential. Even where treatment is unnecessary the person concerned may still need support. The memorandum emphasised that in all cases the patient's general practitioner should be notified and that in suitable cases, and with the patient's agreement, the local authority should be asked to help. The terms of this Circular and memorandum were sent to all appropriate staff in the County so that any such cases which may arise could receive the benefit of all the services which are available.

Treatment of Drug Addiction

Another Circular issued during the year by the Ministry of Health (No. 16/61) referred to the publication of a report of the Inter-Departmental Committee on drug addiction and drew the particular attention of local health authorities to certain recommendations, especially those referring to the stages at which a drug addict returns to everyday life and consequently to the stresses which are liable to provoke a relapse—social services are then required to offer all the help they can.

It appears that hospital treatment of such cases will generally be provided in a psychiatric ward of a general hospital or in a psychiatric hospital and it was noted that the hospital authorities had been informed that it was particularly important that well in advance of discharge there should be full consultation with the general practitioner and (subject to the patient's consent) with the local health authority for the Area in which he will be living.

One of the conclusions of the Inter-Departmental Committee was that drug addiction should be regarded as an expression of mental disorder rather than a form of criminal behaviour and in view of this it was decided that the essential after-care should most appropriately be provided through the Mental Health Service preferably by psychiatric social workers.

Reference has already been made elsewhere in this report to the fact that it has been impossible to recruit psychiatric social workers and it was therefore decided that for the time being the necessary after-care should be carried out by mental welfare officers in conjunction with health visitors and in consultation with the general medical practitioners.

Future Developments

The following projects have been included in provisional building programmes for future years in continuance of the policy of replacing Training Centres held in hired premises by purpose-built accommodation and of extending and developing the services :—

Training Centres

- A Senior Training Centre at Leyton to relieve pressure on the existing Walthamstow Senior Training Centre.
- A Comprehensive Training Centre at Loughton to replace the existing Loughton Junior Training Centre and the remainder of the Walthamstow Senior Training Centre.
- A Senior Training Centre at Ilford to replace the Ilford Senior Training Centre.
- A Junior Training Centre at Ilford either as a replacement of the existing Centre at Dagenham or to provide additional places.
- A Junior Training Centre in South-East Essex to provide additional places in this rapidly developing area.

Advanced Training Units/Sheltered Workshops

Four 24-place units similar to that to be erected in Dagenham, two of which will be in Metropolitan Essex and the other two elsewhere in the County.

Residential Accommodation

Three hostels for mentally ill patients, each having about 24 beds, one of which will operate in conjunction with Severalls Hospital, one with Claybury Hospital and the other jointly with Warley and Goodmayes Hospitals.

Three hostels for subnormal patients, one of which will operate in conjunction with the Royal Eastern Counties Hospital, Colchester, one in conjunction with South Ockendon Hospital and the other for children.

SECTION VIII—REPORT OF THE CHIEF DENTAL OFFICER FOR 1961

To provide an opportunity for comprehensive dental treatment of expectant and nursing mothers and young children is an obligation on the Local Authority by Section 22 of the National Health Service Act, 1946. This treatment is carried out by Dental Officers who provide services for the children in attendance at maintained schools in the County. The patients thus entitled to treatment constitute the so-called priority classes but only to a very small degree is any priority a fact indeed. The following table shows the service we have been able to carry out for mothers, and the service for pre-school children is little better :—

<i>Year</i>	<i>Births</i>	<i>Mothers examined</i>	<i>Percentage examined</i>
1950	23,893	2,370	9.91
1957	27,019	1,832	6.78
1958	28,354	1,557	5.49
1959	28,928	1,478	5.14
1960	30,412	1,359	4.47
1961	30,946	984	3.18

Full details of treatment are given on page 52 of the report. Whereas in previous years mothers had to attend Local Authority Clinics to be fitted with dentures without fee now they have, quite properly, freedom of choice of dentist. The removal of this anomaly was overdue, and Local Authority Clinics again compete with General Practitioners in the services they are able to offer. There is no reason for penalising the patient. The service should be such as to attract patients to seek treatment at the Local Authority Clinics.

Treatment which is carried out continues to show emphasis on the conservation side, and thus one gets some encouragement. In the case of adults the ratio of fillings to extractions is 0.92 : 1 and for young children 1.72 : 1. The following table shows the work completed per 100 patients treated :—

<i>Year</i>	<i>Expectant and Nursing Mothers</i>				<i>Pre-School Children</i>	
	<i>Scalings</i>	<i>Fillings</i>	<i>Extractions</i>	<i>Dentures</i>	<i>Fillings</i>	<i>Extractions</i>
1950	30	73	174	23	66	110
1957	42	155	170	23	125	106
1958	39	139	143	23	110	94
1959	44	135	132	20	116	82
1960	43	138	150	18	123	72
1961	65	168	177	24	148	84

On 31st December, the number of Dental Officers in post for all the County services was the equivalent of 35.75 and as a result of evening sessions this was increased by about the equivalent of one Dental Officer. There were 19 whole-time officers and 55 part-time and sessional officers. South-East Essex, Basildon, Forest, Barking and Dagenham Health Areas are without an Area Dental Officer. In fact, except for the Forest Area these are without full-time Dental Officers at all. There is need for 100 Dental Officers to provide basic treatment for the priority classes in the County. Approximately one-twelfth of the available time was given to the treatment of mothers and young children, and this is a fair proportion.

The following table shows the state of staff during recent years and it should be noted that the average age of whole-time staff is 48 years :—

<i>Year</i>	<i>Whole-time</i>	<i>Part-time and Sessional</i>	<i>Equivalent Whole-time</i>
1950	18	16	23.0
1957	21	57	39.4
1958	20	51	36.2
1959	20	57	36.5
1960	17	46	32.5
1961	19	55	35.75

Ancillary Dental Workers

Up to the passing of the Dentists Act 1957, only one class of ancillary worker was allowed to undertake dental treatment, i.e. the Dental Hygienist. However, a further class of ancillary worker was created by virtue of the 1957 Act, namely, the Dental Auxiliary. This class of worker is permitted to undertake simple fillings and to extract milk teeth. The first intake of students who have completed their first year training at the new training school in the precincts of the New Cross General Hospital, London, and I understand progress has been satisfactory. The course is one of two years intensive practical training and the successful candidates are to be given the opportunity to work in Local Authority and Hospital Services near their home areas. There is, unfortunately, no student in the first year from Essex. These Auxiliaries will work under the direct supervision of a registered dentist, who will prescribe the treatment, and see it on completion. This, in fact, means that premises with two dental surgeries will be needed if a Local Authority intends to employ Auxiliary Dental Workers. There is to be a three-year trial period in the field after qualification and if this is successful then the scheme will become permanent and it is likely that other training schools will be set up in different parts of the country.

Orthodontic Treatment

The North East Metropolitan Regional Hospital Board Consultant on Orthodontics who was appointed last year has now established clinics at Whipps Cross Hospital, Colchester General Hospital, and Southend General Hospital. A further centre is envisaged based on Chelmsford, but up to the time of writing no suitable premises have become available. The north-west corner of the County around Saffron Walden looks to the East Anglian Regional Hospital Board for its Consultant cover. Orthodontics is the branch of dentistry which has to do with straightening irregular teeth and is generally concerned with children of school age, but a few pre-school children are seen with a view to anticipating trouble later on.

Premises and Equipment

The new clinic at Hutton has a dental suite and is equipped in a suitable manner. Extensions to the dental surgery at Marks Road, Romford, and at Laindon, were completed during the year and the opportunity was taken to re-equip the Romford clinic. The building line does not allow this type of work to be done with most of the older, smaller surgeries, but it is becoming the pattern in the County that rooms and equipment are as good as the buildings will allow. The compressed air turbine drills are living up to their promise. By virtue of their very high speeds (upwards of a quarter of a million revolutions per minute) very small pressure is needed to cut tooth substance, and consequently the unpleasant vibration is reduced to a minimum. These machines are considered to be most desirable additions to surgery equipment.

Post-Graduate Courses

Dental Officers and Assistant County Medical Officers have attended the post-graduate courses in connection with dentistry, the latter on general anaesthetics. Particulars of these courses may be found elsewhere in the County Medical Officer's report.

General Anaesthetics

The custom continues that general anaesthetics are generally given by Medical Practitioners, so that the available staff may be engaged in dental operations for the maximum amount of time. Most of the administrations are performed by Assistant County Medical Officers but the help of General Medical Practitioners is sometimes needed. During the year 236 administrations of general anaesthetic were undertaken for mothers, and 611 for young children, and it is of interest to note that a total of 11,502 cases were seen throughout the County for all classes of dental patient.

Dental Laboratories

These are provided by the Council at Barking and Walthamstow and continue to provide most of the dentures and orthodontic appliances needed for the service. First-class dental technicians are not easy to come by and we are fortunate, at the time of writing, to be adequately staffed. Some work is let out privately as it is considered prudent to keep business contact with one or two good firms who can cope with any sudden overload. The two County Laboratories produced during the year 755 dentures, new, relined and repaired, 558 orthodontic appliances, 38 crowns and inlays, and two bridges. Many other pieces of work such as study models and special impression trays have also been made.

Local Analgesia

The investigations approved by Members on a new type of local anaesthetic and a new type of hypodermic syringe were completed during the year. Other people helping in these investigations were General Practitioners, Hospitals, and the three Armed Forces. The results have been correlated at the Eastman Dental Hospital, but as yet have not been received here.

Visitors

Visitors were welcomed to the Department and were given an idea of the dental scheme in the County. Much interest was stimulated by the Committee's dental health programme. Several General Practitioners called to see these efforts and others who came were Mr. Kenneth Thompson, Parliamentary Secretary of the Ministry of Education and his Private Secretary, Mr. Graham, Miss E. M. Knowles of the Ministry of Health, Dr. Wynne of the Ministry of Education, Dr. Sadri, Chief Dental Officer, Iran, Dr. Rudco, Chief Stomatologist of the U.S.S.R. Ministry of Health, and Vice-Rector of the Moscow Institute of Medical Stomatology, and a party of final-year students from the London Dental Hospital.

Fluoridation of Water Supplies

From observations and experiment it is thought that if the domestic water supply has fluoride content of 1 p.p.m. then there is a good chance that teeth will be formed which are highly resistant to dental decay. A number of tests have been going on in Anglesey, Watford and Kilmarnock, where the fluoride content of the water has been raised artificially to 1 p.p.m. The results are imminent and are awaited with great interest.

Dental Health Education

It will be recalled that Members agreed to co-operate on a 5-year dental health programme in Harlow with the Ministry of Health and the General Dental Council. Unfortunately, we have been without the services of a Dental Hygienist for this work since July. In spite of repeated attempts it has been impossible to fill the post. The last person to hold the post, Mrs.

Thurston, resigned to take up other work. At the time of writing an attempt is being made to fill the vacancy with an unqualified person. More restricted dental health education has been carried out in certain schools and clinics as far apart as Matching Green and Wivenhoe. Support for this work comes from Health Visitors and some of the Head Teachers, and is carried out chiefly by the Health Education Section of the Health Department. The incidence of dental decay is still rising, especially in the permanent dentition, and the amount of decay is such that it is impossible for the dental profession to cope with the situation adequately. There must be some self-help, and this is one of the things which dental health education tries to inculcate. It is generally accepted that fermenting carbohydrates which cling to the teeth is the greatest single cause of dental decay. These carbohydrates are attacked by bacteria present in the mouth and they suffer degradation, the end product of which is acid. This acid attacks the highly mineralised enamel of the teeth and thus starts the first process of decay. The most important thing then is to rid the teeth of highly fermentable carbohydrates immediately after meals.

The rules of dental health are :—

- (a) To clean the teeth after a meal, either with a tooth brush or some fibrous cleansing food, such as apples, or rinsing the mouth with water ;
- (b) Refrain from eating such things as toffees, biscuits, etc., between meals, and
- (c) To seek dental treatment regularly.

Local Authorities can set an example in this work by :—

- (a) seeing that school meals are finished with a cleansing food ; and
- (b) refrain from selling decay-forming food in school tuck shops ;
- (c) making conditions of service such as to attract more whole-time Dental Officers to the service.

“ The dental problem remains after ten years of the School Medical Service one of the most important, urgent and difficult. All over the country there is the problem of a high degree of dental decay, deleterious in itself and far reaching in its injurious effects on the health of children, adolescents and adults. The problem stands in the front rank of the questions of preventive medicine.” So wrote the Chief Medical Officer for the Board of Education in his annual report for 1918. It is just as true now after 50 years of the School Medical Service.

J. BYROM

TABLE I—BIRTHS, DEATHS, ANNUAL RATES, ETC., 1961

Health Area and County District	Acreage Census 1961	Population		Live Births		Still Births		Infant Deaths		Deaths at all ages	
		Census 1961	Estimated mid-1961	No.	Rate*	No.	Rate†	No.	Rate‡	No.	Rate*
Colchester B.	12,011	65,072	64,520	1,151	17.8	18	15.4	20	17.4	808	12.5
Harwich B.	1,497	13,569	13,480	256	19.0	2	8	3	12	117	8.7
Brightlingsea U.	2,852	4,788	4,750	66	13.9	—	—	—	—	88	18.5
Clacton U.	6,429	27,543	27,540	347	12.6	7	20	4	11	454	16.5
Frinton and Walton U.	6,293	9,571	9,010	104	11.5	1	9	3	29	181	20.1
Halstead U.	1,235	6,465	6,530	113	17.3	—	—	2	18	78	11.9
West Mersea U.	2,680	3,131	3,060	50	16.3	1	20	3	60	60	19.6
Wivenhoe U.	1,493	2,725	2,750	65	23.6	4	58	—	—	35	12.7
Halstead R.	76,637	16,338	16,340	250	15.3	7	27	2	8	229	14.0
Lexden and Winstree R.	66,586	22,686	22,710	337	14.8	4	12	9	27	338	14.9
Tendring R.	66,131	24,690	24,590	322	13.1	6	18	9	28	356	14.5
North-East Essex	231,833	131,506	130,760	1,910	14.6	32	16.5	35	18.3	1,936	14.8
Chelmsford B.	4,772	49,810	49,880	1,002	20.1	10	10	15	15	448	9.0
Maldon B.	4,809	10,507	10,400	162	15.6	—	—	1	6	183	17.6
Saffron Walden B.	7,502	7,810	7,950	118	14.8	1	8	3	25	118	14.8
Braintree and Bocking U.	6,812	20,553	20,510	380	18.5	4	10	9	24	275	13.4
Burnham-on-Crouch U.	5,352	4,167	4,120	53	12.9	—	—	1	19	64	15.5
Witham U.	7,329	9,457	9,490	158	16.6	4	25	3	19	104	11.0
Braintree R.	59,243	21,594	22,630	371	16.4	8	21	4	11	233	10.3
Chelmsford R.	86,505	48,026	47,660	896	18.8	14	15	14	16	566	11.9
Dunmow R.	72,807	19,967	20,560	348	16.9	6	17	12	34	245	11.9
Maldon R.	78,505	16,690	16,280	276	16.9	8	28	2	7	192	11.8
Saffron Walden R.	78,585	17,977	18,000	302	16.8	2	7	6	20	196	10.9
Mid-Essex §	412,221	226,558	227,480	4,066	17.9	57	13.8	70	17.2	2,624	11.5
Basildon U.	27,139	88,459	89,690	2,274	25.3	41	17.7	41	18.0	694	7.7
Benfleet U.	6,371	32,372	32,640	603	18.5	7	11	8	13	360	11.1
Canvey Island U.	4,421	15,599	15,700	310	19.7	3	10	8	26	213	13.6
Rayleigh U.	5,748	19,032	19,090	416	21.8	3	7	6	14	157	8.3
Rochford R.	36,099	30,258	30,740	573	18.6	8	14	5	9	443	14.4
South-East Essex	52,639	97,261	98,170	1,902	19.4	21	10.9	27	14.2	1,173	12.0
Brentwood U.	18,269	51,959	49,580	887	17.9	12	13	18	20	576	11.6
Hornchurch U.	19,768	128,127	131,070	2,399	18.3	41	17	54	22	1,134	8.6
Thurrock U.	40,552	114,302	113,630	1,933	17.0	35	18	30	15	850	7.5
South Essex	78,589	294,388	294,280	5,219	17.7	88	16.6	102	19.5	2,560	8.7
Chingford B.	2,868	45,777	45,910	612	13.3	13	21	10	16	407	8.9
Wanstead and Woodford B.	3,863	61,259	61,230	801	13.1	10	12	14	17	723	11.8
Chigwell U.	8,971	61,001	61,640	779	12.6	17	21	14	18	486	7.9
Epping U.	1,488	9,998	9,760	167	17.1	3	18	3	18	108	11.1
Harlow U.	6,324	53,475	54,340	1,502	27.6	33	21	31	21	197	3.6
Waltham Holy Cross U.	10,958	11,751	11,660	258	22.1	1	4	2	8	89	7.6
Forest §	34,472	243,261	244,540	4,119	16.8	77	18.3	74	18.0	2,010	8.2
Epping and Ongar R.	75,763	36,865	36,490	707	19.4	15	21	14	20	348	9.5
Romford B.	9,342	114,579	114,670	1,966	17.1	40	19.9	37	18.8	839	7.3
Barking B.	3,877	72,282	72,290	925	12.8	26	27.3	16	17.3	719	9.9
Dagenham B.	6,565	108,363	109,020	1,625	14.9	25	15.1	37	22.8	913	8.4
Ilford B.	8,404	178,210	177,760	2,533	14.2	40	15.5	40	15.8	2,065	11.6
Leyton B.	2,595	93,857	93,360	1,342	14.4	21	15.4	40	29.8	1,406	15.1
Walthamstow B.	4,342	108,788	108,860	1,529	14.0	27	17.4	24	15.7	1,323	12.1
ADMINISTRATIVE COUNTY	959,792	1,859,449	1,861,890	31,268	16.8	528	16.6	577	18.5	19,418	10.4
Administrative County, 1960	—	—	1,843,360	30,195	16.4	517	16.8	563	18.6	18,349	10.0

* per 1,000 estimated population † per 1,000 total births ‡ per 1,000 live births § excluding that part of Epping and Ongar R.D. in the Area

TABLE II—CAUSES OF DEATH BY AGE, 1961

	Male										Female									
	0-	1-	5-	15-	25-	45-	65-	75+	Total		0-	1-	5-	15-	25-	45-	65-	75+	Total	
1. Tuberculosis—respiratory	—	—	—	—	3	32	15	7	57	—	—	—	—	—	7	12	7	2	28	
2. Tuberculosis—other	—	—	—	1	—	4	1	2	8	—	—	1	—	—	—	1	—	—	4	
3. Syphilitic disease	—	—	—	—	1	6	9	4	20	—	—	—	—	—	—	—	3	6	9	
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. Meningococcal infections	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—	1	—	—	1	
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. Measles	1	1	—	—	—	—	—	—	2	—	1	2	—	—	—	—	—	—	—	
9. Other infective and parasitic diseases	1	—	1	1	1	4	1	3	12	—	2	—	1	—	—	—	—	—	4	
10. Malignant neoplasm, stomach	—	—	—	—	5	120	74	70	269	—	—	—	—	—	6	5	5	5	24	
11. Malignant neoplasm, lung and bronchus	—	—	—	—	29	406	239	110	784	—	—	—	—	—	7	46	71	68	192	
12. Malignant neoplasm, breast	—	—	—	—	—	—	1	—	1	—	—	—	—	2	8	55	52	34	151	
13. Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26	188	89	81	384	
14. Other malignant and lymphatic neoplasms	1	5	8	6	55	275	295	324	969	—	—	—	—	1	9	50	46	28	134	
15. Leukaemia and aleukaemia	—	3	4	—	7	19	14	8	55	—	—	—	—	7	50	272	222	269	831	
16. Diabetes	1	—	—	—	3	7	14	29	54	—	1	1	2	1	4	16	18	11	54	
17. Vascular lesions of nervous system	—	—	2	1	14	163	311	494	985	—	—	—	1	—	2	19	31	61	114	
18. Coronary disease, angina	—	—	—	—	62	818	706	588	2,174	—	—	—	—	2	18	204	383	1,027	1,634	
19. Hypertension with heart disease	—	—	—	1	1	29	43	77	151	—	—	—	—	—	5	193	413	666	1,277	
20. Other heart disease	—	—	—	—	31	118	179	582	915	—	—	—	—	—	19	63	139	221	482	
21. Other circulatory disease	2	—	3	—	9	80	111	226	426	—	—	—	1	3	29	122	226	1,007	1,389	
22. Influenza	3	—	1	2	4	26	16	25	77	—	—	—	—	2	3	59	110	329	503	
23. Pneumonia	33	11	5	3	7	65	118	327	569	—	1	1	2	1	6	16	20	57	104	
24. Bronchitis	7	4	—	—	4	167	304	291	777	—	25	5	4	2	14	46	129	412	637	
25. Other diseases of respiratory system	—	—	—	—	—	30	35	31	114	—	8	2	—	1	3	45	66	189	314	
26. Ulcer of stomach and duodenum	—	4	4	3	7	24	36	30	90	—	—	—	—	1	2	14	12	26	55	
27. Gastritis, enteritis and diarrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5	16	32	54	
28. Nephritis and nephrosis	3	1	—	1	3	5	5	5	23	—	1	—	1	—	3	5	19	16	45	
29. Hyperplasia of prostate	1	—	—	3	10	18	20	15	67	—	—	—	—	—	—	—	—	—	—	
30. Pregnancy, childbirth, abortion	—	—	—	—	—	8	18	61	87	—	—	1	1	1	10	18	8	24	63	
31. Congenital malformations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
32. Other defined and ill-defined diseases	66	4	7	4	6	9	3	3	102	—	56	6	6	2	3	9	2	2	86	
33. Motor vehicle accidents	194	10	7	12	46	132	93	204	698	—	158	6	5	4	42	124	170	423	932	
34. All other accidents	—	3	6	49	36	28	10	24	156	—	—	4	3	5	7	17	8	13	57	
35. Suicide	9	5	8	11	37	34	16	35	155	—	—	3	1	4	3	12	19	92	134	
36. Homicide and operations of war	—	—	—	2	3	1	3	—	9	—	—	—	—	—	2	18	40	13	81	
All causes	324	51	56	105	400	2,668	2,703	3,580	9,887	—	253	38	36	45	294	1,615	2,221	5,029	9,531	
All causes { 1960	331	35	66	97	351	2,559	2,616	3,258	9,313	—	232	43	37	40	309	1,536	2,070	4,769	9,036	
1959	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	
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	
1957	301	60	69	97	372	2,547	2,597	3,243	9,286	—	212	44	42	43	344	1,659	2,048	4,253	8,625	
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	

PARISH.	Mortality from all causes at subjoined Ages.							Mortality from subjoined causes distinguishing Deaths of Children under Five Years of Age.																					
	At all ages.	Under 1 Year.	1 and under 5.	5 and under 15.	15 & under 25.	25 & under 65.	65 & upwards.	Smallpox.	Scarlatina.	Diphtheria.	Membranous Group.	FEVERS.						Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Phthisis.	Bronchitis, Pneumonia & Pleurisy.	Heart Disease.	Injuries.	All Other Diseases.	Total.
												Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.													
Ashill	9	1	1		1	3	3	Under 5 5 upwards	1																1	1	1	3	2
Broadway	6	1				1	4	Under 5 5 upwards																	1			4	1
Buckland St. Mary ..	9					4	5	Under 5 5 upwards																	1			8	9
Chard Parish ..	14	2			1	4	7	Under 5 5 upwards																	2	1	1	8	2
West Crewkerne ..	9	1				3	5	Under 5 5 upwards																	2	1		8	12
Chillington ..	3	1	1				1	Under 5 5 upwards	1																			7	1
Cudworth ..	0							Under 5 5 upwards																				1	1
Chaffcombe ..	3					1	2	Under 5 5 upwards																				3	3
Combe St. Nicholas ..	11	1				4	6	Under 5 5 upwards																	1	1	1	7	1
Cricket Malherbie ..	1					1		Under 5 5 upwards																	1			1	10
Cricket St. Thomas ..	1		1					Under 5 5 upwards																				1	1
Donyatt ..	4		1			1	2	Under 5 5 upwards																	1	1	1	1	1
Dowlish Wake ..	1					1		Under 5 5 upwards																	1	1		1	3
Dowlish, West ..	0							Under 5 5 upwards																				1	1
Dinnington ..	1		1					Under 5 5 upwards																				1	1
Hinton St. George ..	6	2				1	3	Under 5 5 upwards																				2	2
Ilminster ..	45	6	8	3	2	9	17	Under 5 5 upwards	1		1														5	4	1	8	14
Ilton ..	8	1	2	1	1	3		Under 5 5 upwards																	2	7		18	31
Kingstone ..	3	2				1		Under 5 5 upwards																				1	1
Knowle St. Giles ..	1					1		Under 5 5 upwards																				2	2
Lopen ..	3					3		Under 5 5 upwards																				1	1
Merriott ..	18	2	1			7	8	Under 5 5 upwards																	3	3	2	7	3
Misterton ..	10	3	2			2	3	Under 5 5 upwards																	3	3	2	4	15
Seavington St. Mary ..	4					1	3	Under 5 5 upwards																				3	5
Seavington St. Michael ..	1		1					Under 5 upwards 5																				4	5
Shepton Beauchamp ..	12	1	1	1	1	1	7	Under 5 5 upwards																				3	4
Stocklinch ..	2					2		Under 5 5 upwards																				2	2
Wayford ..	2	1				1		Under 5 5 upwards																				1	1
Wambrook ..	2				1	1		Under 5 5 upwards																				1	1
Whitelackington ..	2	1				1		Under 5 5 upwards																	1			1	2
Whitestaunton ..	3	1				2		Under 5 5 upwards																				1	1
Winham ..	15	2	2		1	5	5	Under 5 5 upwards																	1	1	1	2	4

TABLE IV—INFECTIOUS AND OTHER NOTIFIABLE DISEASES, 1961

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 fevers	Erysipelas	Food poisoning	Infective hepatitis	Others †	Total
Colchester B.	24	20	810	19	14	—	1	—	—	—	2	—	8	—	2	3	15	2	920
Harwich B.	5	17	218	5	3	—	1	—	—	—	1	—	1	—	—	—	1	1	253
Brightlingsea U.	—	1	17	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	20
Clacton U.	9	29	563	1	7	—	1	—	—	—	5	—	—	—	3	1	—	1	620
Frinton & Walton U.	8	12	267	4	3	—	—	—	—	—	22	—	—	—	—	—	—	—	316
Halstead U.	1	—	272	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	273
West Mersea U.	—	1	7	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	10
Wivenhoe U.	4	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14
Halstead R.	9	1	300	6	3	—	1	1	—	—	—	—	—	—	—	—	—	—	321
Lexden & Winstree R.	11	8	233	14	3	—	—	—	—	—	—	—	—	—	3	1	—	—	273
Tendring R.	11	22	337	7	4	—	1	—	—	1	5	—	1	—	1	—	2	—	392
North-East Essex	58	91	2,224	38	23	—	4	1	—	1	33	—	2	—	7	2	6	2	2,492
Chelmsford B.	65	48	1,519	20	6	—	—	—	—	—	—	—	5	—	—	—	1	—	1,664
Maldon B.	2	18	169	22	4	—	—	—	—	—	83	—	1	—	—	1	11	—	311
Saffron Walden B.	—	1	30	—	2	—	—	—	—	—	—	—	—	—	2	1	1	—	37
Braintree & Bocking U.	9	16	298	—	8	—	1	—	—	—	—	—	—	—	—	1	—	—	333
Burnham-on-Crouch U.	2	—	166	9	1	—	—	—	—	—	—	—	1	—	—	—	1	—	180
Witham U.	5	3	141	—	1	—	2	—	—	—	—	—	—	—	1	—	—	—	153
Braintree R.	15	—	502	—	4	—	—	—	—	—	3	—	—	—	1	—	—	—	525
Chelmsford R.	24	47	1,340	16	13	—	—	—	—	—	5	—	—	—	1	5	8	—	1,459
Dunmow R.	4	26	323	6	3	—	—	—	—	—	47	—	—	—	—	1	—	—	410
Maldon R.	14	10	221	15	10	—	—	—	—	—	1	—	—	—	—	3	5	—	279
Saffron Walden R.	23	16	266	11	7	—	2	—	—	—	—	1	—	—	2	1	—	—	329
Mid-Essex	163	185	4,975	99	59	—	5	—	—	—	139	1	7	—	7	13	27	—	5,680
Basildon U.	80	40	1,404	11	31	—	6	—	—	—	37	—	6	—	1	5	—	—	1,621
Benfleet U.	17	29	632	12	7	—	1	—	—	1	—	—	—	—	3	4	1	—	707
Canvey Island U.	11	15	211	7	4	—	1	—	—	—	—	—	—	—	2	7	—	1	259
Rayleigh U.	1	2	567	21	6	—	1	—	—	—	—	—	—	1	4	—	—	—	603
Rochford R.	17	34	559	3	9	—	2	—	—	—	10	1	124	1	—	5	9	—	774
South-East Essex	46	80	1,969	43	26	—	5	—	—	1	10	1	124	2	9	16	10	1	2,343
Brentwood U.	7	12	971	15	15	—	1	—	—	1	47	—	1	—	1	14	2	—	1,087
Hornchurch U.	151	37	3,119	13	45	—	4	—	1	—	14	1	2	—	10	26	91	3	3,517
Thurrock U.	50	53	2,382	63	46	—	6	—	—	—	41	—	8	—	2	81	—	—	2,732
South Essex	208	102	6,472	91	106	—	11	—	1	1	102	1	11	—	13	121	93	3	7,336
Chingford B.	30	36	1,101	16	13	—	4	—	—	—	7	—	1	—	6	6	*	2	1,222
Wanstead & Woodford B.	24	13	773	16	14	—	2	—	—	—	100	1	25	—	3	6	*	—	977
Chigwell U.	35	24	1,075	17	16	—	2	—	2	1	113	1	2	—	7	11	*	1	1,307
Epping U.	—	13	272	—	4	—	2	2	—	—	—	—	—	—	2	—	—	—	295
Harlow U.	93	14	2,794	8	28	—	3	2	—	—	15	—	6	—	2	3	63	—	3,031
Waltham Holy Cross U.	8	2	229	1	1	—	1	—	—	—	1	—	—	—	—	—	*	—	243
Forest	190	102	6,244	58	76	—	14	4	2	1	236	2	34	—	20	26	63	3	7,075
Epping & Ongar R.	12	24	469	3	8	—	1	—	—	—	35	1	1	—	1	1	1	—	557
Romford B.	97	27	2,243	21	33	—	5	1	—	—	49	—	5	—	4	41	6	—	2,532
Barking B.	32	21	1,112	28	32	2	4	—	—	—	6	2	7	—	3	22	*	6	1,277
Dagenham B.	82	24	1,965	34	24	1	5	1	—	—	8	2	1	—	5	10	*	1	2,163
Ilford B.	132	39	2,907	106	80	—	9	—	—	—	129	—	43	1	21	84	*	5	3,556
Leyton B.	42	20	1,195	55	32	—	5	1	—	—	54	—	6	—	5	19	*	—	1,434
Walthamstow B.	128	26	1,378	53	45	1	10	1	—	—	44	1	102	—	8	26	*	2	1,825
ADMINISTRATIVE COUNTY	1,294	801	35,367	659	589	4	85	9	3	4	884	11	357	3	106	389	221	25†	40,811
Administrative County, 1960	2,254	3,734	3,396	549	665	7	95	14	11	4	2,371	27	290	12	130	509	111	39	14,218

† Including Acute Encephalitis, Infective 2, Acute Encephalitis, Post Infectious 5, Enteric or Typhoid Fever 2

* Not notifiable in these districts, therefore the total for the County of 221 is incomplete

	MENTALLY ILL				PSYCHOPATH				SUBNORMAL				SEVERELY SUBNORMAL				TOTALS			
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
(1) (2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Attending day training centre.....	—	—	—	—	—	—	63	44	98	69	192	170	129	129	255	214	227	198	894	
Awaiting entry thereto	—	—	—	—	—	—	3	5	9	1	7	6	—	4	10	11	9	5	35	
Resident at L.A. expense in residential homes/ hostels	—	—	5	1	—	—	—	—	1	2	1	4	2	1	1	4	8	4	17	
Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	1	—	—	4	1	—	—	4	2	—	—	6	
Receiving home visits and not included above	—	—	49	67	—	—	5	2	40	23	884	828	107	101	287	273	147	124	1,225	2,666
Others (including not yet visited)	—	—	4	1	—	—	—	—	1	5	2	4	2	2	—	3	11	3	22	
Total number of individual patients under care	—	—	58	69	—	—	5	2	107	74	997	902	315	282	420	406	422	356	1,480	3,637

TABLE VI—NUMBER OF PATIENTS REFERRED DURING YEAR ENDED 31st DECEMBER, 1961

REFERRED BY	MENTALLY ILL				PSYCHOPATH				SUBNORMAL				SEVERELY SUBNORMAL				TOTALS				
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
General practitioners	—	—	9	10	—	—	1	1	—	—	1	—	5	1	—	2	5	1	11	13	30
Hospitals, on discharge from in-patient treatment	—	—	31	54	—	—	—	—	2	—	10	10	4	1	1	2	6	1	42	66	115
Hospitals, after or during out-patient or day treatment	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Local education authorities	—	—	—	—	—	—	—	1	48	46	13	15	45	27	3	—	93	73	16	16	198
Police and courts.....	—	—	3	5	—	—	1	1	—	—	1	—	—	—	—	—	—	—	5	6	11
Other sources	—	—	23	26	—	—	3	—	5	6	24	22	12	12	3	6	17	18	53	54	142

TABLE VII—RURAL HOUSING PROGRESS, 1961

DWELLING-HOUSES DEMOLISHED CLOSED OR REPAIRED DURING 1961					RURAL DISTRICTS										Totals				
Houses Demolished	Houses and parts of buildings closed	Houses Rendered Fit	Houses in Temporary Use		Braintree	Chelmsford	Dunmow	Epping and Ongar	Halstead	Leaden and Winstree	Malden	Rochford	Saffron Walden	Tendring					
In Clearance Areas	Housing Act, 1957	Houses not in Clearance Areas	Public Health Acts	Houses rendered fit after informal action by L.A.	Unfit Houses	—	—	12	2	—	—	—	—	3	8	25			
						Other Houses	—	—	—	—	—	—	—	—	—	—	—		
						Persons Displaced	—	—	—	—	—	—	—	—	—	—	—		
						(ii) Houses demolished as a result of formal or informal action	Houses	17	12	6	13	17	28	9	12	1	36	151	
							Persons Displaced	7	2	—	35	27	9	23	17	5	29	154	
						(iii) Houses closed in pursuance of undertakings and as a result of Closing Orders	Houses	6	—	4	16	16	36	3	—	21	4	96	
							Persons Displaced	—	—	—	15	22	72	8	—	37	9	163	
						(iv) Parts of Buildings Closed (S.18)	Houses	—	—	—	—	—	—	—	—	—	—	—	—
							Persons Displaced	—	—	—	—	—	—	—	—	—	—	—	—
						(v) Houses in which defects were remedied after service of formal notice	By Owners	1	11	21	—	10	7	—	—	7	2	59	
							By L.A. in default	—	—	—	—	—	—	1	—	—	—	1	
						(vi) Houses reconstructed, enlarged or improved and Demolition Orders revoked (S.24)	—	—	—	—	—	—	—	—	—	—	—	—	—
(vii) Houses in which defects were remedied after service of formal notice	—	10	3	1	—	2	6	—	—	—	—	—	22						
	(viii) Houses rendered fit after informal action by L.A.	75	31	4	109	198	112	74	22	17	32	674							
Housing Act, 1957	Houses in Clearance Areas	Houses not in Clearance Areas	(ix) Houses purchased by L.A. and retained for temporary accommodation (S.17(2))	Houses	—	—	—	—	—	—	—	—	—	—	—				
				Separate Dwellings	—	—	—	—	—	—	—	—	—	—	—				
				(x) Houses owned by L.A. and retained for temporary accommodation	Houses	—	—	—	—	—	—	—	—	—	—	—			
					Separate Dwellings	—	—	—	—	—	—	—	—	—	—	—			
				(xi) Houses not owned by L.A. retained for temporary accommodation (S.46)	Houses	—	—	—	—	—	—	—	—	—	—	—			
					Separate Dwellings	—	—	—	—	—	—	—	—	—	—	—			
(xii) Houses licensed for temporary accommodation (Ss. 34 or 35)	—	—	1	—	—	—	—	—	—	—	—	—	1						
(a) Total number of houses demolished or closed since 1st January, 1956					191	104	365	112	201	254	119	164	220	175	1,905				
(b) Estimated number of houses remaining unfit for human habitation					*	82	247	94	424	240	214	45	77	178	—				
(c) Period of years considered necessary for dealing with (b)					*	4	5	4	4	2	5	2	4	†	—				

* Housing survey in course of revision

† No estimate available at present

TABLE VIII—HOUSING IMPROVEMENT GRANTS, 1961

Rural District	Total of Grants made to 31.12.60 £	HOUSING (FINANCIAL PROVISIONS) ACT, 1958					HOUSE PURCHASE AND HOUSING ACT, 1959			Total of all Grants Paid £
		Applications Received		Applications Approved		Applications Received	Applications Approved			
		Dwellings Concerned		No. of Dwellings	Total of Grants Paid £		Number of Dwellings Concerned	Total of Grants Paid £		
		Conver- sions	Improve- ments							
Braintree	76,049	1	33	49	16,787	30	18	2,396	95,232	
Chelmsford	198,500	1	82	86	26,294	51	29	3,351	228,145	
Dunmow	123,149	3	60	70	18,723	49	23	1,760	143,632	
Epping & Ongar	69,813	—	23	27	8,664	95	56	7,210	85,687	
Halstead	73,193	8	34	42	13,670	25	24	2,680	89,543	
Lexden & Winstree	105,084	6	27	61	12,804	57	24	3,198	121,086	
Maldon	44,737	1	38	44	13,088	14	17	2,003	59,828	
Rochford	41,052	—	7	2	756	49	20	1,940	43,748	
Saffron Walden	91,164	—	45	43	13,596	36	23	3,432	108,192	
Tendring	35,836	—	15	18	5,417	52	50	6,049	47,302	
TOTALS	858,577	20	364	442	129,799	458	284	34,019	1,022,395	

TABLE IX—RURAL HOUSING

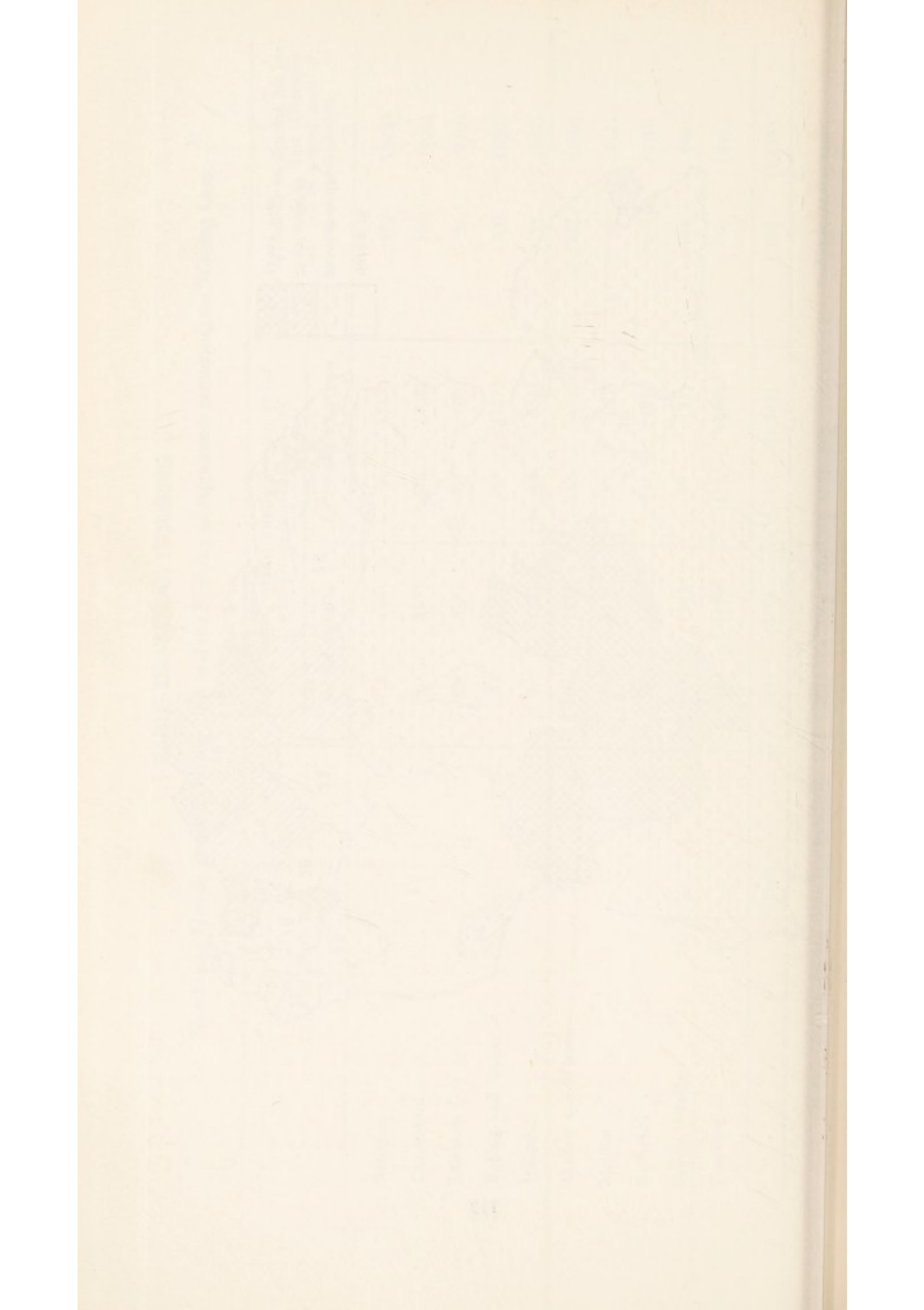
Number of Houses Erected During 1961 and the Number of Applicants remaining on Waiting Lists

Rural Districts	No. of houses erected during the year ended 31st December, 1961		No. of applicants on waiting list for Council houses at 31st December, 1961, who are in urgent need of housing accommodation
	By the Council	By Private Enterprise	
Braintree	22 (26)	99 (115)	151 (118)
Chelmsford	55 (67)	648 (408)	120 (400)
Dunmow	32 (24)	164 (80)	50 (50)
Epping and Ongar	31 (54)	265 (257)	300 (300)
Halstead	24 (38)	38 (51)	75 (100)
Lexden and Winstree	54 (83)	127 (100)	†322 (200)
Maldon	87 (13)	82 (60)	23 (21)
Rochford	29 (22)	538 (457)	*105 (110)
Saffron Walden	42 (10)	69 (71)	102 (86)
Tendring	16 (12)	115 (149)	150 (842)
Totals	392 (349)	2,145 (1,748)	1,398 (2,227)

Note : 1960 figures are given in parenthesis

† Total applicants

* Approximate figure



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Accidents, deaths from	5, 20, 104, 105	Essex Epidemiological Committee	72
Acreage	11, 103	Establishments for massage and special treatment	50
Aged, hostel accommodation for	77	Factories Acts, 1937 and 1948	77
Airport, health control at	69	Fluorine and dental caries	101
Ambulance Service	5, 21, 26, 80	Food and drugs	33
Analgesia	58	Handicapped children, assessment centre for	55
Ante-natal clinics	58, 60	Health area staff	10, 11
Area Medical Officers	10, 21, 23	„ Committee	7
Area staff	10, 11	„ Department staff	8, 21
Assistant County Medical Officers	22, 23, 69, 100	„ education	72
Atmospheric Pollution	49	„ services clinics	25
B.C.G. vaccination	65	„ services, integration of	27
Better Health	74	„ visiting	22, 24, 61, 64
Birth rates	5, 11, 14, 103	Home nursing	24, 60
Births, live	11, 14, 103	„ safety	74
„ still	5, 11, 14, 103	Hospital, care of patients discharged from	61
Blind, welfare of the	77	Hostel for the mentally disordered	26, 93, 97
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Books for tuberculous patients	67	Housing, rural	47, 109, 110, 111
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Cancer education	74	„ lollies	33
„ mortality	5, 17, 104, 105	Illegitimacy	11, 12, 14, 15, 59
Child guidance	55	Infant mortality	5, 12, 15, 103
„ minders	54	Infectious diseases	69, 106
„ welfare centres	50	Influenza	19, 21, 104, 105
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Daily guardians scheme	54	Maternal mortality	5, 12, 20, 59, 104, 105
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„ laboratories	101		
„ officers	23, 24, 99, 100		
„ treatment	52, 98		
Diphtheria immunisation	71		
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„ nursing homes	94	Relaxation courses	62
„ subnormality	91, 95, 107, 108	Residential hostels for the mentally disordered	26, 93, 97
„ welfare officers	24, 88, 89, 90	Respiratory system, diseases of	5, 19, 104, 105
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„ for tuberculous patients	67	Sewerage and sewage disposal	6, 28, 29, 39, 43
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Mortality at all ages	103	Sickroom equipment	68
„ by age and sex	17, 104	Sites and buildings	25
„ from all causes	15, 16, 104, 105	Slum clearance	47, 109
„ in county districts and health areas	16, 103, 105	Smallpox, vaccination against	69
„ rates	5, 16, 103	Social after-care of mental patients	90, 94
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Motor transport for staff	24	Statistics, vital	5, 11, 103, 104, 105
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