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1966

COUNTY COUNCIL OF ESSEX



REPORT

OF THE

County Medical Officer of Health

FOR THE YEAR


1966

J. A. C. FRANKLIN

M.B., B.S., D.P.H.

COUNTY MEDICAL OFFICER OF HEALTH

85/89 NEW LONDON ROAD, CHELMSFORD
Tel. : Chelmsford 53233



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PREFACE

85-89 NEW LONDON ROAD
CHELMSFORD

Telephone : CHELMSFORD 53233

November 1967

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

Mr. Chairman, Ladies and Gentlemen,

This, the seventy-seventh Annual Report of the County Medical Officer of Health, is the first report covering a complete year since the division of the Administrative County on 1st April, 1965, when the London Government Act, 1963, came into operation.

Although this major piece of reorganisation reduced the population covered by the Department's activities by 46 per cent., the area of the Administrative County was reduced by only some 6 per cent., the metropolitan districts, which became parts of the new London Boroughs, having been the more densely populated areas of the former County. The reduction in population of about a million persons did not materially change the status of the County in terms of size, however. It is now the fifth most populous County (previously the fourth) and the tenth largest in area (previously the eighth).

Essex continues to be a county presenting a wide variety of features. There are the old-established towns, some of them very ancient boroughs, the rural areas—often extensive, sparsely populated and picturesque and as undeveloped, in the best (occasionally in the worst) sense of the word as anywhere in the country, the seaside and riverside resorts, the great new urban developments and the two New Towns—Basildon and Harlow (even these quite different from each other, the former being based on an integration of older communities, the latter being virtually entirely new).

These differing areas, with their differing needs—or, rather, their similar needs that must be met in varying ways—continue to present a challenge to us in our endeavour to provide them with the best services possible with the resources available.

This Annual Report appears a little later than usual. The reason for this is that towards the end of the year under review it became clear that it would be necessary for the Central Office of the Department to remove from County Hall to a new office building not far away. So, for the second time in three years, the staff were faced with all the upheaval—the detailed planning, the discomfort, the sheer hard work—that is involved in transferring a large office from one place to another. That this operation (which after many delays outside our control, finally took place over the first two weeks of June 1967) was carried through with a minimum of upset to the administration of the services reflects great credit on all concerned.

Turning to the year under review, the birth rate fell to 18·6 per thousand population from 19·1 in 1965, although the total number of births remained at over 20,000. All indices of foetal and infant mortality were very favourable (reaching new record low levels); the still birth rate fell from 13·4 to 12·4; the perinatal mortality rate from 22·9 to 21·9 and the infant mortality rate from 17·1 to 15·1.

The death rate (all causes) was unaltered at 9·9 per thousand population. This, in common with the mortality rates already mentioned, was below that for England and Wales.

There was a further increase (confined to males) in the death rate from motor vehicle accidents. Indeed it is perhaps worthy of note that accidents are now responsible for 54 per cent. of the deaths of young men between 15 and 25, compared with 19 per cent. thirty years ago when tuberculosis was responsible for more deaths than accidents.

The number of early discharges of maternity patients from hospital increased during the year. The trend for the proportion of confinements taking place in hospitals to increase continued in all areas. The difference between the highest rates (North-East Essex—84 per cent.) and the lowest (South-East Essex—51 per cent.) is still very marked and arises mainly from the varying availability of hospital beds.

It is interesting to see that over the greater part of the County the proportion of confinements taking place in hospitals is still under the 70 per cent. recommended in the Cranbrook Report.

The increase in early discharges continues to call for the wide skill of the domiciliary midwife, in particular in respect of the care of the baby at one of the most important periods in life and I have no doubt that domiciliary midwifery and maternity nursing will continue to play a vital part in the Health Services for many years to come.

So far as Home Nursing is concerned, I hope we may see this service widening its scope, particularly with the object of meeting the special requirements of the growing proportion of aged persons in the community.

The serious shortage of Health Visitors continues and every effort is being made to improve the position by providing attractive training facilities. It is hoped to do more to relieve qualified health visitors of routine duties by appointing additional staff when the financial position permits.

It has been the County Council's policy for some years to promote the attachment of Health Visitors, Domiciliary Midwives and Home Nurses to individual medical practices as the staffing situation permits and it is interesting to see that at the end of 1966 some 60 members of the staff in these categories were taking part in full attachment schemes, that is to say, each one was responsible for all the patients on the doctor's list instead of having the traditional visiting district of her own. A description of the advantages of such schemes is given in the report.

In my view, the most important part of the work of the Health Department is Health Education in the broad sense, but using that term for the moment in its specific sense, it can be said that the programme of talks, film shows, exhibitions, demonstrations and displays on a wide range of subjects with the object of persuading the public of the advantages of positive health was put over with growing momentum. The creation during the year of a number of posts of Area Health Education Officer will assist in this essential work.

Once again many developments in the Mental Health Service are reported but a number of others, such as further improvements in staffing standards at training centres, regrettably had to be deferred owing to the financial restrictions imposed in 1966.

The Department's first sheltered workshop for persons recovering from mental illness was opened in Harlow, contracts being arranged with local firms for light industrial work to be undertaken as a step towards the patients' full return to their place in the community. Apart from this workshop, however, it is remarkable how the amount of contract work carried out at the Chelmsford Adult Training Centre for the mentally subnormal grew during the year, to the undoubted benefit of both the trainees themselves and the firms which so helpfully co-operate in the scheme.

The Home Help Service continued to play an increasingly important rôle in the National Health Service, in particular in helping aged persons to carry on living in their own homes when infirmity might otherwise mean having to go into hospital or Welfare home. It is not always realised how large a part of the Home Help Service is devoted to the care of the aged—in Essex it amounts to about 85 per cent. of the annual total of well over a million and a quarter hours of work.

It is pleasing to see that the status of the Home Help is improving all the time—better pay and conditions, training schemes and the authorisation of motor transport in rural areas in certain circumstances have played their part in achieving this.

Early in the year, the North-East Metropolitan Regional Hospital Board requested the County Council's views on their Ten-Year Hospital Plan, originally drawn up in 1961, which had recently been reviewed. As a result of this request, it was decided to draw the attention of the Board to the unsatisfactory position obtaining in many parts of the County in connection with the availability of maternity beds and, more particularly, beds for geriatric, mentally subnormal and mentally ill patients which, it was thought, was bound to worsen in the absence of new major hospital projects in the years ahead, thereby placing an increasing burden on the public and on the social services for which the County Council are responsible. A series of discussions was held with the Board's representatives and although it was appreciated by both sides that fundamental difficulties such as lack of finance and shortage of staff

would inevitably continue to slow down hospital development plans various measures were agreed upon which it was hoped would do something to alleviate the worst of the problems.

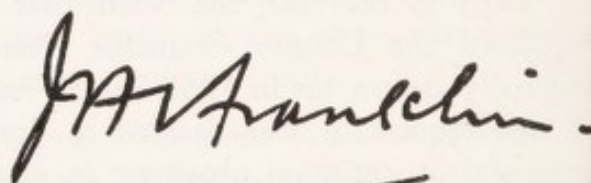
The Report of the Chief Dental Officer shows again that in spite of the continued serious shortage of staff a number of useful developments took place in the Dental Services. It is particularly gratifying to know that following a series of visits by a Dental Officer representing the Department of Education and Science it was stated on behalf of the Minister of Education and Science and the Minister of Health that the County Council were to be congratulated on the generally high standard of their Dental Services.

I should like to express my thanks to the Chairman and Members of the Health Committee for their support throughout the year and to all members of the staff for their endeavours at a period when Local Government—not by any means unaccustomed to periods of change—is more beset with uncertainties as to the future than at any previous time.

The reports of the Maud Committee, touching upon both the committee system in local authorities and the organisation of departments and officers and of the Mallaby Committee on the staffing of Local Government are everywhere under active consideration, the proposals of the Minister of Health to transfer the Ambulance Service to the Hospital Services have caused much controversy, the recommendations of the Royal Commission on Local Government will undoubtedly confront us before very long and, as I write this, the report of the Seebohm Committee on the personal social services is expected at any time. All these things, together with the ever-present financial stringencies, do not make it any easier to plan ahead but plan we must and I have every confidence that the staff of the Department, with the support of Members, will continue to ensure that the Local Health Services for Essex bear comparison with any elsewhere.

I am, Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in dark ink, appearing to read 'J. A. Franklin', followed by a horizontal line.

County Medical Officer of Health

COUNTY COUNCIL OF ESSEX

HEALTH COMMITTEE

(as at 31st December, 1966)

Chairman—Alderman O. L. OXLEY

Vice-Chairman—Councillor A. J. DAVIDSON

County Council Members—

Aldermen—

Mrs. E. F. M. Brewster, J.P.
Mrs. E. Coker, B.Sc.
*K. E. B. Glenney, O.B.E., J.P.

*S. Woodfull Millard, J.P.
G. S. Tilbury, J.P.
H. R. Turner

Councillors—

F. W. Aylmore
J. E. Daniels
Mrs. M. R. Davey
Mrs. M. E. Edwards
D. J. Fisher
Mrs. M. M. Gray
W. F. Hewett
Mrs. E. E. Hockley
F. W. Hyde,
F.S.E., F.R.A.S., F.R.S.A.
Mrs. E. R. Komlosy
W. R. Wright, M.Inst.S.M.

J. M. Norris
Mrs. V. M. Palmer
W. C. Redbond
R. E. Robertson
Mrs. F. J. Sidebotham
Mrs. E. M. Tuck
Brig. J. C. B. Wakeford, C.M.G.
D. M. Warner
G. C. Waterer, B.Sc.
D. V. Wilson
E. T. Wootton

Other Members—

Appointed by the County Council—

Mr. A. J. Belton

Mrs. D. M. Dixon

Mrs. J. L. Robinson

Nominated by Other Bodies—

H. E. Bates, M.M., J.P.
Mrs. F. M. Cottee, J.P.
Mrs. B. E. Double, O.B.E., J.P.
Dr. S. C. Emerick
Col. A. H. T. Hogge
Capt. G. E. M. Kemball

A. C. Latham
Mrs. E. I. V. Morris
D. F. Panton, C.B.E.
Mrs. L. M. Scott
Mrs. E. C. Walker
Mrs. E. A. Whalley

*Ex-officio Member

STAFF OF THE HEALTH DEPARTMENT

(as at 31st December, 1966)

1. CENTRAL OFFICE

County Medical Officer of Health :

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

Deputy County Medical Officer of Health :

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

Principal Medical Officers :

ELIZABETH M. SEPTON, M.R.C.S., L.R.C.P., D.C.H., D.P.H.,
M. E. YORK-MOORE, M.B., B.S., M.R.C.S., L.R.C.P., D.(Obst.), R.C.O.G., D.P.M.

Assistant Medical Officer :

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

Medical 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.

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

*E. RHYS JONES, B.Sc., M.B., B.Ch., M.R.C.P.

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

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

*E. G. PYNE, M.B., Ch.B., D.P.H.

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

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

Chief Dental Officer :

J. BYROM, L.D.S.

Superintendent Nursing Officer :

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

County Domestic Help Organiser :

Vacant

* Part-time officer

County Health Inspector :
S. E. WILLIS, M.A.P.H.I., M.I.P.H.E., F.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., M.R.S.H.

Technical Assistant :
A. G. CHAMBERS

Sampling Officer :
L. A. ROWLANDS

County Ambulance Officer :
R. A. CUPIT

Assistant County Ambulance Officer :
J. R. PEACHAM

Supervising Mental Welfare Officer :
K. M. SKINGLEY

Organiser of Training Centres :
D. J. NORRIS

Health Education Organiser :
C. E. WILLIAMS, M.R.S.H.

Assistant Health Education Organiser :
P. M. ENGLAND

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

Chief Administrative Officer :
J. G. COX

Principal Administrative Assistant :
E. W. AMOS

Senior Administrative Assistants :
D. C. PARKER
H. GIBSON
C. E. BODEN, D.M.A.

Administrative and Clerical Staff :
56 whole-time and 1 part-time

2. CENTRALLY ADMINISTERED SERVICES

Ambulance Service :

Area Superintendents	.....	.....	.....	.....	.....	.....	.....	4
Assistant Area Superintendent	.....	.....	.....	.....	.....	.....	.....	1
Control Supervisor	.....	.....	.....	.....	.....	.....	.....	1
Controllers	.....	.....	.....	.....	.....	.....	.....	5
Assistant Controllers	.....	.....	.....	.....	.....	.....	.....	4
Control Operatives	.....	.....	.....	.....	.....	.....	.....	10
Clerk Telephonists	.....	.....	.....	.....	.....	.....	.....	9
Station Officers	.....	.....	.....	.....	.....	.....	.....	4
Head Drivers	.....	.....	.....	.....	.....	.....	.....	20
Driver Attendants	.....	.....	.....	.....	.....	.....	.....	317
Area Clerks	.....	.....	.....	.....	.....	.....	.....	4
Transport Officers	.....	.....	.....	.....	.....	.....	.....	4

Mental Health Service :

Area Psychiatric Social Workers	.....	.....	.....	.....	.....	.....	.....	2
Senior Mental Welfare Officers	.....	.....	.....	.....	.....	.....	.....	5
Mental Welfare Officers	.....	.....	.....	.....	.....	.....	.....	15
Trainee Mental Welfare Officers	.....	.....	.....	.....	.....	.....	.....	9
Training Centre Supervisors/Managers	.....	.....	.....	.....	.....	.....	.....	10
Training Centre Senior Assistant Supervisors/Instructors	.....	.....	.....	.....	.....	.....	.....	7
Training Centre Assistant Supervisors/Instructors	.....	.....	.....	.....	.....	.....	.....	39
Trainee Assistant Supervisors	.....	.....	.....	.....	.....	.....	.....	3
Sheltered Workshop Manager	.....	.....	.....	.....	.....	.....	.....	1
Sheltered Workshop Instructors	.....	.....	.....	.....	.....	.....	.....	2
Hostel Wardens	.....	.....	.....	.....	.....	.....	.....	4
Hostel Deputy Wardens	.....	.....	.....	.....	.....	.....	.....	3
Hostel Assistant Wardens	.....	.....	.....	.....	.....	.....	.....	11

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.

* Part-time Officer

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	.....	*D. A. SMYTH, M.B., B.S., D.P.H., F.R.S.H.
West Essex	.....	*I. G. YULE, M.B., Ch.B., D.C.H., D.P.H.
Harlow	.....	*I. ASH, M.D., D.P.H.
Thurrock	.....	*T. D. BLOTT, B.Sc., M.B., B.S., D.P.H.

*Part-time Officer

5. DELEGATED AND DECENTRALISED SERVICES

						No. employed (equivalent whole-time)
					Establishment	
Administrative and Clerical	.....	.....	.....	.....	156	147.2
Area Dental Officers	.....	.....	.....	.....	8	6
Assistant County Medical Officers	.....	.....	.....	.....	35.4	31.6
Chiropodists	.....	.....	.....	.....	31	24.2
Clinic Clerks	.....	.....	.....	.....	37.75	37.3
Day Nursery Matrons	.....	.....	.....	.....	6	6
Day Nursery Deputy Matrons	.....	.....	.....	.....	6	5
Day Nursery Wardens	.....	.....	.....	.....	6	6
Day Nursery Nurses and Nursery Assistants	.....	.....	.....	.....	35	44*
Day Nursery Students in training	.....	.....	.....	.....
Dental Officers	.....	.....	.....	.....	40	30.6
Dental Surgery Assistants	.....	.....	.....	.....	47	33.7
Domestic Helps	.....	.....	.....	.....	—	684
Domestic Help Organisers	.....	.....	.....	.....	20	19
Health Visitors, Tuberculosis Visitors and Clinic Nurses	.....	.....	.....	.....	212	199.5
Mental Welfare Officers	.....	.....	.....	.....	5	5
Midwives, Home Nurse Midwives and Home Nurses	.....	.....	.....	.....	336.5	318.7
Non-Medical Supervisors of Midwives and Superintendents of Home Nurses	.....	.....	.....	.....	7	7
Occupational Therapist	.....	.....	.....	.....	1	—
Oral (Dental) Hygienists	.....	.....	.....	.....	2	—
Superintendent Health Visitors	.....	.....	.....	.....	7	7
Training Centre Supervisors	.....	.....	.....	.....	2	2
Training Centre Assistant Supervisors and Instructors	.....	.....	.....	.....	11	10

* 3 Students equivalent to 1 Nursery Nurse or Nursery Assistant.

SECTION I—STATISTICAL

As requested by the Ministry of Health, certain vital statistics relating to mothers and infants are given below. The statistics for 1965 are also given for comparative purposes:—

Live Births—	1966	1965
Number	20,001	20,096
Rate (per 1,000 population)	18.6	19.1
Percentage registered as illegitimate	5.1	5.3
Stillbirths—		
Number	251	269
Rate (per 1,000 births)	12.4	13.4
Total Births (live and still)	20,252	20,365
Infant Mortality—		
Number of deaths under 1 year	303	343
Rate per 1,000 live births (all infants)	15.1	17.1
Rate per 1,000 live births (legitimate infants)	14.6	16.8
Rate per 1,000 live births (illegitimate infants)	24.7	21.7
Neonatal (first four weeks) mortality rate	10.6	11.6
Early neonatal (first week) mortality rate	9.6	9.9
Perinatal (stillbirths and first week) mortality rate	21.9	22.9
Maternal mortality (including abortion)		
Number of deaths	4	2
Rate per 1,000 total births	0.20	0.10

Most of these statistics are commented upon in detail elsewhere in this report. In Table I on page 79 will be seen details of the population and principal vital statistics for Health Areas and County Districts including the two Districts with delegated powers. Details of deaths by cause are given for different age groups in Table II and for County Districts in Table IV. Table III gives the age distribution of death in each County District and Health Area. The statistics for 1964 and earlier years given in Table II and in this section of the Report are roughly comparable to the 1966 figures, being calculated in the same County Districts but no allowance has been made for the reduction in population in the two County Districts (estimated at 7,050 in Chigwell U.D. and 30 in Saffron Walden R.D.) consequent on boundary changes which came into force on 1st April, 1965.

The remainder of the section is devoted largely to discussion of the figures in Tables I-IV.

Population

The Registrar General's estimated mid-1966 population of the Administrative County was 1,077,680 compared with 1,054,850 a year previously, an increase over the year of 22,830 compared with increases of 28,670 and 29,160 in the two previous twelve month periods. The natural increase of the population

was 9,378 in 1966 compared with 9,602 in 1965 and 9,900 in 1964 and net migration may be estimated at about 13,500, very much smaller than during the two previous years in both of which it was about 19,000. There were very few County Districts and only one Health Area where the number of people moving in did not decrease. Nevertheless, immigration continued to be an important factor in the increase of population in many places; thus in the Urban Districts of Clacton, Canvey Island and Rayleigh and the Rural District of Chelmsford the increase from migration was over 3 per cent. of the existing population.

Births

The number of *live births* registered during the year was 20,001 compared with 20,096 in 1965 and 20,028 in 1964 giving crude live birth rates of 18·6 in 1966, compared with 19·1, 19·4 and 19·1 in the past three years. Although so far the number of births has showed little change, it is clear that the steady increase in birth rate in the County from 1955 to 1964 has now been reversed.

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 18·0 compared with the national rate of 17·7. The birth rate remained about the same as in 1965 in Mid-Essex, South-East Essex and the Urban District of Basildon and decreased elsewhere (apart from increases in some smaller districts which probably have little significance).

The number of births registered as *illegitimate* was 1,033 (21 of which were stillborn). This was 5·1 per cent. of the total number of births compared with 5·3 per cent. in 1965, 4·9 per cent. in 1964 and 4·4 per cent. in 1963. It is pleasing to be able to record a check in the tendency to an increasing proportion of illegitimate births. The proportion in Essex remained well below that for the Country as a whole.

There were 251 *stillbirths* registered during the year giving a stillbirth rate of 12·4 per 1,000 total births compared with 13·2 in 1965 and 15·7 in 1964. The stillbirth rate compares very favourably with that for past years and with the national rate of 15·4.

The number of *premature* births notified was 1,209 (150 of which were stillborn) compared with 1,239 in 1965. The percentage of premature to total births was 6·0 compared with 6·1 in 1965.

Perinatal Mortality

The perinatal mortality rate was 21·9 per 1,000 total births compared with 22·9 in 1965 and 25·7 in 1964. The figures for the last 8 years are as follows:—

1959	1960	1961	1962	1963	1964	1965	1966
31.3	28.1	27.3	26.6	25.2	25.7	22.9	21.9

The perinatal mortality rate has decreased in every year except one since 1959, the total decrease since that year amounting to 30 per cent. This is a very satisfactory result. The perinatal mortality rates for infants of different weights in 1965 and 1966 were as follows:—

	2lb. 3oz. or less	2lb. 4oz.- 3lb. 4oz.	3lb. 5oz.- 4lb. 6oz.	4lb. 7oz.- 4lb. 11oz.	5lb.- 5lb. 8oz.	Over 5lb. 8oz.	All weights
1965	937	670	265	136	66	11	23
1966	910	702	284	151	74	9	22

The perinatal mortality rate increased slightly in four of the five weight groups for premature infants. The improvement in the rate since 1965 was entirely due to the improved survival rate of full weight babies.

Infant Mortality

There were 303 deaths of infants under one year of age giving an infant mortality rate of 15.1 per 1,000 live births compared with 17.1 in 1965 and 16.4 in 1964. In the following table, infant mortality is divided into mortality in the first week of life and later in the first year.

	1960	1961	1962	1963	1964	1965	1966
Early neonatal (first week)..... mortality rate	10.9	11.5	10.8	10.5	10.1	9.9	9.6
Infant mortality rate after the first week	6.6	5.9	6.0	6.1	6.3	7.2	5.5
Total infant mortality rate.....	17.5	17.4	16.8	16.6	16.4	17.1	15.1

Mortality during the first week has decreased in recent years but later mortality shows no clear trend. The 1966 rate was favourable at 5.5 following the rather high rate in 1965.

Mortality of Children

The following table sets out the number of deaths of children between 1 and 5 and between 5 and 15 years in the last four years.

Age	1963	1964	1965	1966
1 — 4	59	60	68	55
5 — 14	56	61	57	57

The death rate of children between 1 and 5 was 0.65 per 1,000 children compared with 0.83 in 1965 and that for children between 5 and 15 was 0.34 compared with 0.38 in 1965.

Deaths from all causes

The number of deaths registered during the year (after adjustment for inward and outward transfers) was 10,622 giving a crude death rate of 9.9, the same rate as in 1965. The adjusted rate (i.e. the rate comparable with adjusted rates in other areas and with the crude rate for England and Wales) was 10.1 compared with the England and Wales rate of 11.7.

The numbers of deaths for the last four years are given by age and sex at the foot of Table II. Male deaths were more numerous than usual in 1966 especially between 15 and 25 and between 55 and 75. For females, there were fewer deaths than in recent years in the age groups 15-24 and 25-44. The increase for young men was most evident in South-East Essex and Basildon and that for the 55-64 age group was confined to the South of the County. All parts of the County except Thurrock shared in the low death rate of women under 45.

Tuberculosis Deaths

Deaths from tuberculosis numbered 29, of which 5 were non-respiratory compared with 32 (4 non-respiratory) in 1963. The age distribution of deaths in the last four years was as follows:—

Year	MALES						FEMALES					
	0-	25-	45-	65-	75-	Total	0-	25-	45-	65-	75-	Total
1963	—	—	14	9	2	25	—	1	2	—	4	7
1964	—	2	9	7	5	23	1	—	3	—	—	4
1965	1	2	6	4	5	18	—	3	3	6	2	14
1966	—	3	5	7	3	18	—	1	5	1	4	11

Cancer Deaths

Deaths from cancer of the more important sites and leukaemia in the County in the last four years are set out below.

	MALES				FEMALES			
	1963	1964	1965	1966	1963	1964	1965	1966
Stomach	129	141	138	162	77	96	90	82
Lung and bronchus	407	407	417	442	73	84	75	80
Breast	2	1	2	4	186	185	190	231
Uterus	—	—	—	—	78	73	67	71
Other sites	523	506	577	578	480	470	475	465
Leukaemia and aleukaemia	29	42	34	38	21	24	22	17
TOTAL	1,090	1,097	1,168	1,224	915	932	919	946

The total number of deaths from cancer increased from 2,087 in 1965 to 2,170 the death rate being 2.01 per 1,000 compared with 1.98 per 1,000 in 1965 and an average of 1.97 in the five years 1961-65. There were increases among males in deaths from cancer of the stomach and cancer of the lung and among females from cancer of the breast. The diagram on page 21 shows the number of deaths from cancer in the last four years for four age groups; the two most important sites, "Lung and Bronchus" for men and "Breast" for women are shown separately. About a half of all the male cancer deaths between 45 and 65 were ascribed to cancer of the lung, most of them doubtless

as a direct result of cigarette smoking. Among women, breast cancer was responsible for about 40 per cent. of the deaths of women between 45 and 54, about 30 per cent. for women between 55 and 65 declining to about 16 per cent. for women of 75 and over.

Death from Diseases of the Circulatory System

The numbers of deaths from diseases of the circulatory system including vascular lesions of the nervous system in the last four years were as follows:—

	MALES				FEMALES			
	1963	1964	1965	1966	1963	1964	1965	1966
Vascular lesions of nervous system	611	570	654	605	933	967	921	888
Coronary disease, angina	1,244	1,329	1,337	1,347	909	873	814	904
Other heart disease	500	404	413	454	648	585	700	638
Other circulatory disease.....	234	213	218	208	264	229	261	245
Total	2,589	2,516	2,622	2,614	2,754	2,654	2,696	2,675

Total deaths in this group, which is responsible each year for about half the overall mortality, numbered 5,289 compared with 5,318 in 1965, giving a death rate of 4.91 compared with 5.04 in 1965. Deaths from heart disease increased and a larger proportion of them was attributed to coronary disease, but there were fewer deaths from vascular lesions of the nervous system than in any of the last three years.

The age distributions of deaths from vascular lesions of the nervous system and from heart disease in the last four years is given in the following table:—

Cause	Year	MALES					FEMALES				
		0—	45—	65—	75—	Total	0—	45—	65—	75—	Total
Vascular lesions of nervous system	1963	15	101	175	320	611	13	104	220	596	933
	1964	7	90	174	299	570	9	99	219	640	967
	1965	17	82	192	363	654	11	74	195	641	921
	1966	4	92	174	335	605	13	91	205	579	888
Heart Disease	1963	41	433	537	733	1,744	12	163	406	976	1,557
	1964	46	508	497	682	1,733	19	140	385	914	1,458
	1965	58	471	547	674	1,750	18	159	385	952	1,514
	1966	44	517	557	683	1,801	8	147	354	1,033	1,542

The decrease in cerebro-vascular and the increase in cardiovascular disease was most marked for women of over 75. For men there were more deaths than usual from heart disease for men between 45 and 75.

Death from Diseases of the Respiratory System

The following table sets out the number of deaths since 1960 ascribed to influenza, pneumonia, bronchitis and other respiratory diseases:—

Caus-	1960	1961	1962	1963	1964	1965	1966
Influenza	11	109	36	34	15	52	43
Pneumonia	537	652	694	832	616	772	735
Bronchitis	346	493	485	539	477	464	539
Other respiratory diseases	87	82	84	99	91	92	100
Total	981	1,336	1,299	1,504	1,199	1,380	1,417

Compared with 1965 there were fewer deaths from influenza and pneumonia and more from bronchitis and other respiratory diseases. Death rates per million from pneumonia and bronchitis were:—

	1960	1961	1962	1963	1964	1965	1966
Pneumonia	585	688	709	829	596	732	682
Bronchitis	377	520	495	537	462	440	500

The death rate from pneumonia was about average and that from bronchitis somewhat above the average for recent years. The age distribution of deaths from pneumonia and bronchitis in the last four years is set out below:—

Cause	Year	MALES					FEMALES				
		0—	45—	65—	75—	Total	0—	45—	65—	75—	Total
Pneumonia	1963	37	49	87	255	428	19	24	74	287	404
	1964	37	38	61	157	293	20	18	50	235	323
	1965	43	33	72	218	366	33	22	64	287	406
	1966	29	26	60	184	299	16	22	72	326	436
Bronchitis	1963	7	67	141	160	375	5	16	39	104	164
	1964	11	69	122	155	357	8	14	32	66	120
	1965	11	55	131	149	346	5	20	28	65	118
	1966	14	87	148	138	387	6	13	50	83	152

The number of male deaths from pneumonia decreased but the number of female deaths increased as a result of more deaths of women over 75 being attributed to pneumonia. After the exceptional mortality among children and young adults in 1965, the 1966 figures were below normal. Twenty-eight of the deaths were of children of under one year giving an infant mortality rate from pneumonia of 1·40 compared with 2·29 in 1965, 1·60 in 1964 and 1·56 in 1963. The number of deaths from bronchitis was above average for men under 75 and for women between 65 and 75.

Maternal Deaths

There were four maternal deaths in 1966, giving a maternal mortality rate per 1,000 total births of 0·20 compared with 0·10 in each of the last two years. The national rate was 0·26.

Accidental Deaths and Suicide

The number of deaths from accidents and suicide since 1960 is set out below:—

	1960	1961	1962	1963	1964	1965	1966
Motor vehicle accidents	110	112	116	110	128	141	148
Other accidents	182	155	176	218	209	158	199
Suicide	89	72	78	118	109	98	79

In 1965, I reported a sharp increase in the number of deaths from motor vehicle accidents; the figure for 1966 was still higher. Other accidental deaths were at an average level but suicides were relatively few in number. The numbers by sex in the last four years are as follows:—

	MALES				FEMALES			
	1963	1964	1965	1966	1963	1964	1965	1966
Motor vehicle accidents	85	89	103	115	25	39	38	33
Other accidents	107	106	68	97	111	103	90	102
Suicide	68	56	48	45	50	53	50	34

Motor vehicle accident deaths increased from 1965 to 1966 for males but not for females, and the following figures show that increases have occurred for males at all ages under 65 years, the biggest increases being for those between 15 and 25 and between 45 and 65.

Male Deaths from Motor Vehicle Accidents by Age

	Under 5	5-14	15-24	25-44	45-67	65-74	75 and over
1963 and 1964	1	10	52	35	38	20	18
1965 and 1966	8	14	66	42	53	19	18

Morbidity

The number of new claims for sickness benefit received in the 52 weeks ended 27th December, 1966, at local offices of the Ministry of Social Security in the Administrative County was 154,124. The number of claims and the number per 1,000 population at the same offices in each of the last five years were as follows:—

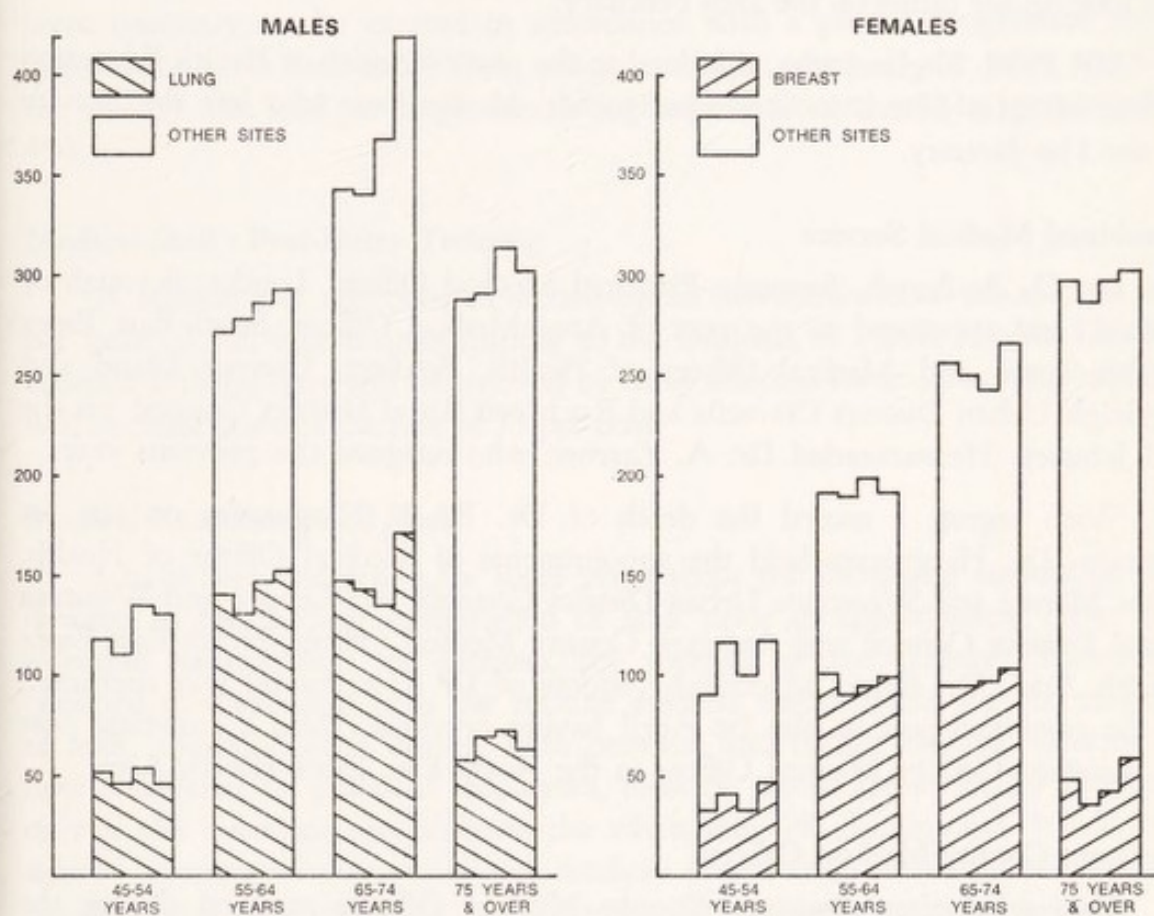
	1962	1963	1964	1965	1966
Number of claims	133,364	142,480	134,621	145,140	154,124
Claims per 1,000 population	137	143	131	138	143

The incidence of new claims to benefits reached the high level attained in 1963. The following table gives the average number of claims per week in each quarter of the last five years.

Year	January-March	April-June	July-September	October-December
1962	3,812	2,273	1,720	2,572
1963	4,427	2,216	1,853	2,634
1964	3,450	2,325	1,909	2,760
1965	3,653	2,654	2,083	2,837
1966	4,249	2,686	2,031	3,003

Compared with 1963, there were fewer claims in the March quarter and the increase in the September quarter was about what would be expected from the increase in population, but in the June and December quarters new claims to benefit were at a higher level than in 1963. In the June quarter they reached and in the December quarter exceeded the level in 1965. Unfortunately there is no evidence on the types of illness involved.

Deaths from Cancer, 1963-1966



SECTION II—GENERAL

STAFF

Central Office

I have to report, with regret, that Miss G. H. Jenkins, County Domestic Help Organiser, died on the 1st October after a short illness. The post was vacant at the end of the year.

Miss J. F. Carré, formerly Deputy County Nursing Officer, Hampshire County Council, was appointed to the post of Superintendent Nursing Officer following the retirement of Miss F. S. Leader from the post at the end of 1965 and took up her duties on the 28th February.

Mr. P. M. England was appointed to the post of Assistant Health Education Officer on 21st March in succession to Mr. H. Bradley, who left the Service on the 31st January.

Combined Medical Service

Dr. D. A. Smyth, formerly Principal Medical Officer, London Borough of Enfield, was appointed to the post of Area Medical Officer, South-East Essex Health Area, and Medical Officer of Health, Benfleet, Canvey Island and Rayleigh Urban District Councils and Rochford Rural District Council, on the 3rd January. He succeeded Dr. A. Yarrow, who resigned the previous year.

With regret, I record the death of Dr. E. A. Hargreaves on the 1st January. Dr. Hargreaves held the appointments of Medical Officer of Health, West Mersea and Wivenhoe Urban District Councils and Lexden and Winstree Rural District Council and Assistant County Medical Officer, North-East Essex Health Area. Dr. Sylvia Macmillan (widow of Dr. Hargreaves) was appointed to the combined post on the 1st April having previously held a part-time post of Assistant County Medical Officer in the North-East Essex Health Area.

Assistant County Medical Officers

Two whole-time Assistant County Medical Officers resigned during the year. One of the posts was filled without much difficulty, the other remained vacant at the end of the year.

Other Staff

A further review of the Health Visiting establishment was undertaken. In previous Reports I have mentioned the phased programme planned to achieve, eventually, a ratio of one Health Visitor to every 4,000 of the population, as envisaged in the County Council's Proposals made under the National Health Service Act, 1946. As part of the programme, six posts of Health Visitor were created during the year, which ensured that the current ratio of one to approximately 5,000 population was maintained in each Health Area and County District with delegated powers.

Two further posts of Fieldwork Instructor were created for the Colchester Borough from within the Health Visiting establishment. The occupants of these posts will assist with the practical training of Student Health Visitors studying at the Ipswich Civic College.

Arrangements to fill the part-time posts of Area Health Education Officer (50 per cent. whole-time) created last year were again deferred in view of the national economic situation, but towards the end of the year advertisements were issued for two of the posts with a view to making appointments.

The establishment of Area Home Help Organisers was reviewed comprehensively for the whole County, and it was decided that nine further posts were necessary, to be created in accordance with a phased programme spread over 1966, 1967 and 1968. It is anticipated that when all the posts are filled the average case load per Organiser throughout the County will be approximately 400.

Medical Staff : Post-Entry Training

A scheme was approved to second up to two members of the medical staff per year on full-time courses leading to the Diploma in Public Health. Leave of absence with full pay will be enjoyed by those selected for training, and expenses will be reimbursed at the rate of 75 per cent.

Medical Examination of Staff

I have been concerned for some years about the increasing amount of time devoted to the medical examination of staff prior to appointment. After considerable research into the problem, the approval of the County Council was obtained to dispensing with the routine medical examinations for the majority of staff. Questionnaires dealing with personal and family medical histories are now completed by potential employees, most of whom are medically examined only if the questionnaires indicate the advisability of examination. It was considered necessary to continue the medical examination of all potential food handlers and kitchen staffs, and drivers of passenger carrying vehicles. In addition, a medical examination is still required when appointments are subject to Regulations issued by a Government Department, e.g. the Home Office (Firemen) and the Department of Education and Science (Teachers).

Transport for Staff

At the end of the year 741 officers, mainly Health Visitors, Midwives, Home Nurses and Mental Health Social Workers, whose duties necessitate a considerable amount of travelling, were using motor transport, as follows, in connection with their official duties:—

County cars (including 7 vans and 1 utilibrake) ...	153
Privately-owned cars, Scooters, Mopeds ...	588

During the year 31 loans were made to members of the Department's staff under the Council's Assisted Car Purchase Scheme, for the purchase of privately-owned cars for use on County business, including two officers who purchased the County cars already allocated to them.

Refresher Courses

As in previous years, many different categories of staff attended post-graduate or post-certificate courses. Details are set out in Table XII.

SITES AND BUILDINGS

Health Services Clinics

A new clinic was opened at Hullbridge and the Hockley clinic was extended to provide accommodation for chiropody and dentistry.

A start was made on the erection of a clinic at Tilbury and the project at Colchester involving a central clinic together with office accommodation for the North-East Essex Health Area and Colchester Borough (delegated Health functions) was almost completed by the end of the year.

Plans were prepared for new clinics at Stanford-le-Hope and Tiptree, for which tenders were to be invited early in 1967.

Sites for clinics were purchased at Corringham and Stanford-le-Hope.

Ambulance Stations

New ambulance stations were opened at Billericay, Brentwood and Rochford and tenders were received for the erection of a station at Waltham Abbey. A site was purchased for a station at Corringham.

Mental Health Service

A workshop was established in leased accommodation at Harlow to provide sheltered employment for persons recovering from mental illness, a start was made on the erection of an adult training centre at Colchester and tenders invited for an adult centre at South Ockendon.

A site was purchased at Braintree for the erection of adult and junior training centres and a hostel for mentally subnormal adults. The area acquired was larger than required for the three projects and a house was purchased and negotiations pursued for other properties to permit the construction of an access road which will enable the land to be developed to its full potential.

Housing for Nursing Staff

A pair of nurses' houses was completed at Billericay, a pair almost completed at Wickford and starts made on the erection of a pair at Tilbury and a single house at Bulmer. Houses were purchased at Brentwood and Canvey Island and a former police house appropriated at Great Sampford.

NATIONAL HEALTH SERVICE JOINT ADVISORY COMMITTEE

The National Health Service Joint Advisory Committee for Essex, representing the Executive Council for Essex, the North-East Metropolitan Regional Hospital Board and the County Council met on two occasions during the year. Items of interest discussed included Compulsory Admission to Mental Hospitals under Section 29 of the Mental Health Act, Referral of Patients to X-ray Departments by General Practitioners and Maternity Medical Services.

OVERSEAS VISITORS

During the year the following persons from overseas made visits to the Department. Mrs. Wanka Vucusic, a Welfare Worker in a Dispensary for the Mentally Retarded in Yugoslavia, holder of a World Health Organisation Fellowship, was taken on a visit to some of the Training Centres in Essex; two Local Government Officers from Nigeria, Mr. Emelumadu and Mr. Gana, spent a week at County Hall studying the work of the Health Department, and also visited the Chelmsford Adult Training Centre and Ambulance Control; Dr. Van der Hoven, a South African Hospital Medical Superintendent, was given an account of the Health Department's administration and taken to some Training Centres and Hostels; Dr. R. P. Seymour, holding a position equivalent to that of Medical Officer of Health in Pietermaritzburg, South Africa, visited a Child Welfare Clinic, a Day Nursery and a Chest Clinic.

LABORATORY SERVICE

Samples were submitted by Local Authorities in the County (including the County Council Health Department) to the various Public Health Laboratories for bacteriological examination as follows:—

Milk	3,886
Milk containers (bottles, churns, etc.)	576
Milk tankers (swabbing)	69
Ice Cream and Lollies	1,304
Water	1,409
Shellfish	213
Other food	599
Urine and Faeces	49
Miscellaneous	32

The majority of samples for bacteriological examination were submitted to Public Health Laboratories situated at Chelmsford, Cambridge, Southend-on-Sea and Ipswich. Samples for chemical analysis continued to be forwarded to the Counties Public Health Laboratories in London.

WATER SUPPLIES

Rainfall for 1966, as recorded at Langford Waterworks, amounted to 22·86 inches, the average for the County.

Conditions were such as to enable the water undertakings to maintain their resources. At the same time the general picture remained one of rising water demands with the ever-present possibility of drought and resultant shortage of supplies.

In the north-east area, with the prospect of a population estimated to rise to 124,000 by 1971, the Tendring Waterworks Company have four boreholes (in East Suffolk) to be brought into service to meet the expected rise in demand. The Stratford St. Mary pumping station was ready to be brought into service and work was to commence shortly on the Higham Pumping Station in which temporary plant could be installed, if required, to assist in meeting the 1967 summer peak demand.

In furtherance of the proposed scheme to provide a reservoir in the Salary Brook Valley, to be known as the Ardleigh Reservoir, and for the necessary works to abstract, store and treat winter flood water from the River Colne, the Company, jointly with the Colchester Water Board, made application to the Minister of Housing and Local Government for the necessary Order. A Public Inquiry was held in June and the Minister subsequently approved the Order, subject to the drafting of amendments and inclusion of provisions for the protection of certain appellants against the Order.

That there is a limit to the development of sources on a local basis has long been evident. While the Lee Valley Water Company continued its policy of searching for ground water locally and obtained licences for the construction of duplicate boreholes in Essex at Newport, Hempstead, Armitage Bridge and Dunmow, the company constructed, jointly with the Great Ouse Water Authority and others, the Grafham Reservoir near Huntingdon. Trunk mains are to be laid southwards and supplies will be fed into the existing trunk main system supplying Harlow and from there to most of the Company's area in West Essex. A scheme in preparation for the expansion of the Grafham Water Works will, it is hoped, result in the Company receiving a share of 16.5 m.g.d. Mindful of the needs of the next twenty years, the Company is also to participate in a joint scheme for the abstraction of water from the River Thames with a share of 13 m.g.d. out of a first stage development of 50 m.g.d. to augment supplies. It should be borne in mind of course that this Company has a large area of supply in Hertfordshire and these additional supplies are to the benefit of the area of supply as a whole. The Grafham water will also be used to supplement supplies to three London Boroughs.

Work in progress included construction of a service reservoir and water tower at Gunters Hill near Saffron Walden and a 250,000 gallon water tower at Kelvedon Hatch all having reached advanced stages by the end of the year.

The South Essex Waterworks Company's area of supply covers the most heavily populated part of the County as well as some former parts of Essex now in Greater London. This Company derives considerable supplies from the River Stour, north of Colchester, and has large storage reservoirs at Abberton

and Hanningfield, the latter owned jointly with the Southend Waterworks Company. The Company also takes a bulk supply of 8 m.g.d. Thames water from the Metropolitan Water Board, which is filtered and treated at the Company's Chigwell Row Works.

By agreement, the supplies of the Southend Waterworks Company are augmented by a supply from the South Essex Waterworks Company, which also makes bulk supplies available to several other water undertakings, including the Borough Council of Chelmsford, Witham Urban District Council and the Rural District Councils of Chelmsford and Maldon. A draft Order which envisaged the taking over of these local authority water undertakings by the South Essex Waterworks Company was deposited with the Minister of Housing and Local Government in 1965, but by the end of 1966 no further progress had been made in the matter. It was at that time, however, that the South Essex Waterworks Company learnt that its own existence was threatened. The Metropolitan Water Board intimated that the Board were being recommended to invite the Minister of Housing and Local Government to consider taking the necessary steps for the transfer to the Board of the Company's undertaking and also those of the Southend Waterworks Company and the local authorities referred to in the proposed Essex Water Order. It is understood that the recommendation was accepted at the meeting and that the Minister was duly invited to consider the proposals.

During the year the Report of the Water Resources Board entitled "Water Supplies in South-East England" was published. A formidable document, complete with tables and maps, it is the work of a Technical Committee composed of engineers of ten water authorities and the British Waterworks Association. Calling for considerable study, the Report is comparable in scope and importance to its predecessor of 1964, the South-East Study, a survey carried out by the Ministry of Housing and Local Government. It deals with demands and resources up to the year 2001. Among a number of schemes put forward is one of pumping water from the Ely Ouse into the head waters of the River Stour and other rivers in Essex which, in accordance with the Board's recommendation, the Essex River Authority undertook to investigate, with a direction that steps should be taken to put the scheme into effect at the earliest possible date and to provide appropriately increased intake capacities at the Abberton and Hanningfield Reservoirs.

A scheme involving a barrage across the River Crouch estuary is not recommended, on economic and other grounds.

Studies of other possibilities to serve the South-East, such as a Wash barrage, desalination schemes and comparison between them and the later stages of a progressive programme of underground and surface storage, remain for consideration at a later date.

With regard to the Colchester and District Water Board's and the Tendring Hundred Waterworks Company's proposed storage reservoir in the Bourne

Brook Valley, the Joint Steering Committee, after consultation with the Essex River Authority, decided to defer construction until the end of 1967, at which time a decision as to the precise nature of the Ely Ouse scheme might be available. The Southend Waterworks Company similarly decided not to proceed with the construction of a reservoir at Maldon at the present time.

In conjunction with the Atomic Energy Authority, the Central Electricity Board and the Water Resources Board, the Southend Waterworks Company carried out an extensive investigation into the possibilities of siting a desalination plant of a substantial size in the Bradwell area. Unfortunately it was found not to be economic to proceed.

RURAL WATER SUPPLIES AND SEWERAGE

Approved schemes of water supply and sewerage attract a grant from the County Council equivalent to that made by the Ministry of Housing and Local Government. The total of such grants made to County District Councils for the financial year ended 31st March, 1966, was £114,200.

During the year the following schemes were submitted for the County Council's observations prior to the District Councils making application to the Ministry:—

Water Supplies

<i>District</i>	<i>Scheme</i>	<i>Estimated Cost</i>
		£
Basildon U.D.C.	Water main extension, Botney Hill Road, Little Burstead	350
Rochford R.D.C.	Water main extension, Cherry Orchard Lane, Rochford	2,162
Colchester & District Water Board	Water main extension, Spring Gardens Road, Wakes Colne	611
Thurrock U.D.C.	Water main extension, Bulphan Fen	3,540
Colchester & District Water Board	Water main extension, Maltbeggars Farm, Coggeshall	1,332
	Water main extension, Green Lane, Gt. Horkesley	215
Tendring R.D.C.	Water main extension, Golden Lane, Thorpe-le-Soken	720

The County is now well served with a network of water mains which are extended, as required, from time to time to serve more isolated dwellings and new development. It is estimated that only one per cent. of the County's rural population is now without main water supply.

Sewerage and Sewage Disposal

		£
Saffron Walden R.D.C.	Elmdon Sewerage & Sewage Disposal.....	65,500
Chelmsford R.D.C.	River Wid Main Drainage	475,000
Maldon R.D.C.	Steeple Sewerage and Sewage Disposal (Revised)	36,900
Dunmow R.D.C.	Leaden and Margaret Roding Sewerage (Revised)	44,189
Halstead R.D.C.	Belchamp St. Paul Sewerage and Sewage Disposal	70,500
Bentley U.D.C.	Bramble Road, Bramble Hall Lane and Poors Lane Sewerage	8,348
Dunmow R.D.C.	Lower Chelmer Valley Sewerage	124,836
Lexden & Winstree R.D.C.	Dedham Sewerage and Sewage Disposal	125,520
Saffron Walden R.D.C.....	Radwinter Sewerage	16,500
Tendring R.D.C.	North-East Sewerage and Sewage Disposal	900,000
Saffron Walden R.D.C.	Langley Sewage Disposal	2,000
Epping & Ongar R.D.C.	Hillmans Cottages, Ongar Road, Abridge. Drainage	5,882
Halstead R.D.C.	Wethersfield Road area, Sible Heding- ham. Sewerage	14,700
Epping & Ongar R.D.C.....	East End area, Roydon Sewerage	14,310
Lexden & Winstree R.D.C.	East Donyland, Blackheath area.	12,744
	Sewerage	

Particulars of sewerage schemes, recently completed, works under construction, and schemes expected to be carried out in the near future are as shown in Table XI.

County Council Sewage Treatment Plants

During the year 99 visits were paid to sewage treatment plants owned by the County Council. These serve schools, residential establishments, etc., where public sewers are not available.

Forty samples of effluents were obtained of which nine failed to comply with the standard suggested by the Royal Commission on Sewage Disposal. It is the practice to inform the County Architect of the results together with any observations regarding the conditions of the plants. Servicing is carried out by a mobile squad under the control of the County Architect, an arrangement which continued to prove entirely satisfactory.

ESTABLISHMENTS FOR MASSAGE AND SPECIAL TREATMENT

Regular inspections of premises licensed under the Essex County Council Act, 1933, were made.

At the end of 1966, there were 70 establishments licensed in the County. Two applications for Licences were refused.

A total of 232 visits were made during the year.
Conditions were found to be generally very satisfactory.

MILK AND DAIRIES

Producer-retailers of liquid milk are licensed by the Ministry of Agriculture, Fisheries and Food. Other milk retailers and dealers are licensed by the Food and Drugs Authority for their particular area. The County Council is the Food and Drugs authority for the County, except for eight of the largest authorities.

The number of licences issued by the County Council and in operation during the year for the sale of pre-packed milk totalled 532. Dealers' licences totalled 25.

Sampling of milk was carried out regularly from heat-treatment plants, producer-retailers, roundsmen and shops.

The principal aim was to ensure that milk processed and sold in the County complied with the relevant legislation and was otherwise satisfactory and free from organisms likely to cause disease. District Councils are informed of any new licences issued within their areas.

The number of processing plants within the County "food and drugs" area remained the same, i.e. six pasteurising and two sterilising plants. Two of the pasteurising establishments operate holder and the others High Temperature Short Time (H.T.S.T.) plants. One pasteurising dairy delivers milk in cartons (including $\frac{1}{2}$ -pint cartons for schools), the remainder is bottled. An average of more than 20,000 gallons per day is treated at these dairies.

As well as regularly sampling milk, the Department checks the efficiency of bottle and churn washing and also the cleanliness of milk tankers used to transport milk from farms to dairies, etc.

Details of the samples obtained from pasteurising and sterilising plants, and also from shops and retailers in 1966, are as follows:—

1966

	No. of Samples	Grade	Appropriate Test	Passed	Failed	Void
Sampling at Processing Plants	310 (307)	Pasteurised	Methylene Blue	307 (307)	2 (—)	1 (—)
			Phosphatase	310 (305)	— (2)	—
	98 (97)	Sterilised	Turbidity	98 (97)	—	—
Sampling in Course of Distribution	126 (101)	Untreated	Methylene Blue	95 (82)	23 (19)	8 (—)
	1,975 (1,937)	Pasteurised	Methylene Blue	1,868 (1,902)	54 (35)	53
			Phosphatase	1,975 (1,936)	— (1)	—
	90 (100)	Sterilised	Turbidity	90 (100)	—	—
	7 (Nil)	Ultra Heat-treated	Colony Count	7 (—)	—	—

(1965 figures in parenthesis)

It will be seen that, although all samples passed the phosphatase test, there was a very slight rise (0·9 per cent.) in the number of pasteurised milk samples failing the methylene blue test. These were due in nearly all cases to overlong storage by shopkeepers who were re-visited and advised on questions of storage or were asked to reduce their stocks, as appropriate.

The Ministry of Agriculture, Fisheries and Food are informed in all cases where samples of untreated milk are reported upon as unsatisfactory, so that the necessary investigations at the farm can be undertaken.

Investigations on cleansing routines

(a) A total of 385 washed churns were examined at heat treatment plants.

325 were satisfactory
33 were fairly satisfactory
27 were unsatisfactory

(b) Milk bottles were also examined as to their bacteriological standard of cleanliness after being washed by mechanical bottle washers and prior to being filled by milk.

141 were satisfactory
30 were fairly satisfactory
20 were unsatisfactory

(c) In connection with milk tankers, the efficiency of cleansing the tanks and ancillary pipework was established by swabbing. Of the 10 tankers tested, 3 were very satisfactory, 4 were satisfactory and 3 were unsatisfactory.

Dairy managers co-operated when informed of unsatisfactory results and improvements have resulted.

Brucellosis and Tuberculosis

Routine sampling of untreated milk was carried out to control any milk-borne disease.

Some 150 samples of untreated milk were submitted to biological examination for the presence of tubercle bacilli. All proved to be negative upon examination.

The sampling of such milk for evidence of brucella infection was stepped up later in the year in accordance with Ministry of Health guidance, and it is now the practice to obtain herd samples of all milk which is to be sold for human consumption as "untreated" milk at monthly intervals. These samples are examined by the milk ring test and any giving a positive reaction are re-examined by culture for *Brucella Abortus*. A total of 167 samples were re-examined and 137 gave negative results. Thirty samples (from 8 farms) were positive. The Medical Officers of Health for the District Councils involved were informed so that the necessary action to prevent the sale of infected milk could be taken.

Antibiotics in milk

Tests for the presence of penicillin or other antibiotics in milk continued. Another fall in positive results was achieved. Figures for 1966 and for the previous two years were as follows :—

	Total samples	Positive
1966	1,121	13
1965	1,211	21
1964	1,192	28

Milk in Schools Scheme and Sampling from other County Council establishments

It is an important duty to ensure that all milk supplied to schools is clean and safe, and systematic sampling is carried out. During the year a total of 495 $\frac{1}{2}$ -pint samples of pasteurised milk were obtained. All the schools within the administrative County are sampled by the County Health Department, with the exception of those within the Basildon Urban District. Schools within this district are visited by officers of the District Council. Thirteen samples out of the total of 495 proved to be unsatisfactory. Immediate action was taken in the case of failures.

A total of 279 milk samples was also taken from residential establishments, school kitchens and training centres. Thirteen samples proved to be unsatisfactory.

A small number of complaints were received regarding the dirty condition of churns and foreign bodies in milk. Prompt investigations were made in all cases.

Ice-Cream and Ice-Lollies

Results of samples obtained for bacteriological examination in the County were as follows :—

Ice Cream		Ice-Lollies	
*Grade	I \equiv 810 samples	125	Satisfactory
„	II \equiv 160 „	3	Unsatisfactory
„	III \equiv 132 „		
„	IV \equiv 74 „		
Total	1,176	Total	128

*Grade	Time taken to reduce methylene blue
I	Fails to reduce in 4 hours
II	Fails to reduce in $2\frac{1}{2}$ hours
III	Fails to reduce in $\frac{1}{2}$ hour
IV	Fails to reduce in 0 hours

REFUSE DISPOSAL

As the population continues to increase, industry to expand, and the composition of refuse to contain less ash and become bulkier each year more and more suitable tipping sites are needed. The scarcity of such sites poses problems for several local authorities in Essex.

The Essex marshes have long helped to ease the refuse disposal problem of London. Transported by Thames barge, vast quantities of domestic refuse are deposited there each week together with ever-increasing quantities of industrial wastes, a proportion of which is brought from as far away as Hertfordshire. A number of County District Councils dispose of their refuse in areas of the County outside their own. In all these cases refuse depositing is subject to the provisions of the Essex County Council Act, 1933. This Act however is now out of date for effectively controlling the deposit of modern refuse of which liquid and toxic industrial waste are a feature and Parliamentary sanction is therefore being sought to a clause in a Bill seeking to rectify the position.

There are 94 tips which come within the provisions of the Act and/or are subject to Planning restrictions, a number of which call for almost constant surveillance. Over 900 inspections were carried out during the year.

In one case it was found necessary to institute legal proceedings in respect of three offences under the Act. The Company concerned pleaded guilty and were fined a sum of £10 in respect of each offence.

RURAL HOUSING

There was a decrease generally in Rural Housing activity as regards the demolition, closure and repair of dwellings compared with the last two previous years. The number of dwellings demolished and the number rendered fit for human habitation were also below the average for the past 10 years.

Table VIII compiled from the returns of the Rural District Councils illustrates their activity during 1966 in this important part of their functions. Small figures or their total absence do not necessarily indicate lack of effort. The Chelmsford Rural District Council, for example, is preparing a survey and other authorities may be employing themselves in ways which will show results later. On the other hand, as the general standard of housing improves a reduction in the numbers demolished and numbers rendered fit is to be expected. The Rochford Rural District Council has only an estimated 30 dwellings remaining unfit for human habitation and the Epping & Ongar Rural District Council has 80.

The Tendring Rural District Council, with a total of 41, has the largest number in the demolition category while with 216 the Lexden and Winstree Rural District Council leads as regards repair after informal action. The Saffron Walden Rural District Council has the highest figure, 15, in respect of houses closed in pursuance of closing orders or undertakings.

The estimated numbers of dwellings remaining unfit for human habitation have fluctuated in several individual instances at different times, but the total number is now in the region of one third the 1955 figure and it may be assumed to be that much more reliable. The period of years considered necessary for dealing with such dwellings is certainly unreliable. The outlook was bright in 1963 with an average of 3 years. It was not so optimistic in 1964, although at that time two authorities actually considered one year would suffice, but another, which incidentally had quoted 5 years in 1955, quoted 10 years. In 1965 the average exceeded 4 and at the present time the average has actually risen to 5. The Lexden and Winstree Rural District Council, with an estimated 100 houses remaining unfit, considered 2 years necessary in 1965 and 10 years necessary in 1966 for dealing with the same number.

Grants continued to be made, but in the case of approved conversions and improvements under the Housing (Financial Provisional) Act, 1958, there was an appreciable fall generally, compared with 1965, in the number of applicants and dwellings concerned in applications approved. The amount of grant agreed to be paid out for conversions under that Act, which are at the Local Authorities' discretion, also fell, but the amount of grants, compulsory, under the House Purchase and Housing Act, 1959, increased in all but two instances. In this case the Lexden and Winstree Rural District Council is outstanding with a total of 85 dwelling houses concerned in applications received and approved, and a sum of £17,832 paid during the year concerning 83 dwellings—see Table IX. An average sum of £187 16s. 0d. was paid out in grants under the last mentioned Act.

Housebuilding as shown in Table X on page 88 continued to be most evident in the areas of the Chelmsford and Rochford Rural District Councils although whereas the former had erected as many as 111 Council houses, the latter had not erected any during the year. The total number of houses erected by the ten rural authorities fell, compared with 1965, in all but two cases but this was more than offset by an increase in flat development. Private enterprise development also decreased.

Council house waiting lists have shown little improvement during recent years despite much housing activity and 1966 was no exception. In all but two cases, excluding the Maldon Rural District Council which has a low record, the numbers have in fact increased.

FOOD AND DRUGS ACT, 1955

The Chief Inspector of Weights and Measures has kindly provided the following report of the work of his Department during the year :—

The County Council, as food and drug authority in the rural parts and smaller urban districts and towns of the County, is responsible, in an area having a population of approximately 550,000, for administering those provisions of the Act designed to ensure that all kinds of food sold within the area contain no injurious or prohibited ingredients, comply with compositional standards where these are prescribed, are labelled with particulars of composition as required by Regulations

made under the Act, are not falsely labelled, but are always of the nature, substance and quality requested or deemed to have been requested by the purchaser. Where additives are prohibited or regulated as in the case of preservatives, colouring matters, emulsifiers and stabilisers, antioxidants, etc., the statutory requirements must be enforced, and where claims are made for the presence in food of minerals and vitamins their truth must be verified. A like position applies to drugs.

Certain additional duties are related by statute to food and drugs administration. Provisions of the Pharmacy and Medicines Act 1941 relating to the advertising of certain medicines are enforced by food and drugs authorities, while enforcement of the Merchandise Marks Act 1926 under which orders require certain imported foods—butter's meat, apples, tomatoes, etc.—to be labelled with indications of their countries of origin upon exposure for sale, is also a matter for the food and drugs authority.

The Weights and Measures Department is the County Council's enforcement machinery, and during the year 459 samples of milk, and 585 samples of a broad cross-section of other foods and of drugs were procured by the department's officers at places including dairies, farms, shops and in the streets.

Upon analysis, 17 samples of milk and 14 samples of other foodstuffs were found to be unsatisfactory, and appropriate action was taken in respect of each.

Under the Labelling of Food Order, 3,772 articles were examined, to ascertain that they were properly labelled with particulars of composition, and when samples were procured for analysis, the Public Analyst was informed as to the compositional particulars given in the labels, in order that he might check the accuracy of the claims made.

At the close of the previous report year, the hearing of 13 cases in respect of the sale and possession for sale of milk containing added water was pending, and these cases were heard early in the report year. The cases were taken against an Essex dairy farmer, and the samples taken from churns of milk produced at his farm were found to contain added water in amounts ranging from 13 per cent. to 28 per cent. Fines totalling £180 were imposed and the County Council was awarded £49 12s. 0d. costs.

When a large retail dairy sought the department's assistance concerning the quality of milk it was receiving from a certain producer, officers visited the farm and took samples of milk from churns of milk in the farmer's possession awaiting dispatch to the dairy concerned. The milk in two churns was found to contain 7 per cent. and 8 per cent. of added water respectively. Proceedings were instituted against the farmer who was fined £25 and ordered to pay £8 18s. 0d. costs.

In another instance, a sample taken from a consignment of churns of milk upon its delivery to a large processing and bottling dairy, indicated the presence of added water. On the following day, officers visited the farm from which the consignment had been sent, and sampled churns of milk in the farmer's possession awaiting collection for delivery to the dairy. Added water up to 7 per cent. was found in certain of the churns and certain of the milk was as much as 26 per cent. deficient in fat. Traces of sodium hypochlorite (bleach) were found in three of the samples which contained added water. A witnessed milking of the herd which had produced the milk showed the cows to be giving good milk of satisfactory standard. The hearing of proceedings against the farmer was pending at the close of the report year.

When a sample was procured of Channel Island's milk being carried for sale upon a retail round, the milk was found to be 20 per cent. deficient of the special standard of 4 per cent. of fat. By enquiries made, it was ascertained that owing to a hold-up which occurred at the very large dairy concerned, the supply of milk was allowed to stand and the cream rose to the top of the supply. An oversight on the

part of an employee resulted in bottling being resumed without the milk's being agitated to redistribute the cream through the supply. When the error was discovered by the dairy management, steps were taken to withdraw the bottled milk concerned from stock, but a number of bottles containing the deficient milk escaped this move. The dairy's record was good and it was decided that a caution would meet the case.

A number of prosecutions arose out of the investigation of complaints made to the department by purchasers. Thus, cases were taken in respect of:

a crumpled fragment of thick paper, 1in. across, found in a loaf of bread. A fine of £10 was imposed and £4 19s. 0d. costs were awarded to the County Council;

a pint bottle of milk which contained "two areas of foreign matter 2½in. by ¾in. and 2in. by ¼in. which were found to contain blow-fly and other fly pupae" and the milk removed from the bottle the Analyst reported "contained 8 insect pupae which had rodent hairs still adhering to them and also some loose rodent hairs." A fine of £50 was imposed and £5 costs;

a pint bottle of milk having mould growth adhering to the inside of the bottle and "similar coloured mould growth suspended in the milk itself." A fine of £5 was imposed and £5 costs were awarded to the County Council;

a bath bun containing a ferrous metal nut, firmly embedded near the bottom and which in the Public Analyst's opinion had been baked in the bun. A fine of £10 was imposed and £4 18s. 0d. costs;

hamburgers sold in a canteen and found to contain glass. Fines of £5 and £5 were imposed in respect of these two cases and a total of £4 19s. 0d. costs were awarded to the County Council.

One complaint received from a purchaser was in respect of a foreign seed found in a packet of quick-frozen garden peas. The seed proved to be an immature berry of a bryonia. This berry is reported to have poisonous properties, but in the Public Analyst's opinion, one berry in a normal helping of garden peas would not give rise to symptoms of illness. It was decided in the circumstances that the matter was best dealt with by tracing the particular packet to the place of packing and this was done with the co-operation of Weights and Measures Departments in Kent and Lincolnshire, with the result that the group of farmers supplying the particular packing depot was informed and requested to exercise every care in harvesting in future to exclude extraneous growth from the peas gathered and supplied by them. The packer's precautions were also to be intensified.

In addition to the work of sampling and dealing with adverse reports, considerable discussion and correspondence took place with manufacturers and packers of a number of foodstuffs, regarding the correct labelling of various products; in particular, much assistance and advice was given to manufacturers of various liqueur preserves and of fruit yoghurt and in these matters, too, co-operation with other county administrations was sought; here the other authorities were Somerset and Wiltshire County Councils.

In the autumn of 1966 a pesticide residue in food survey was commenced with the co-operation of food and drugs authorities and public analysts throughout the country. A sampling programme has been carefully prepared and the samples so far procured by the department's officers in accordance with the sampling scheme and submitted for special examination to the Public Analyst for this county include, apples, beer, canned fruit, dried fruit, dried skimmed milk, infant foods (veal dinner, lamb dinner, pears, strained peas), lard, margarine and sugar. Each of the samples has been reported upon satisfactorily by the Public Analyst. A detailed report will be furnished upon the conclusion of the survey which may continue over a period of two years.

SECTION III—THE CARE OF MOTHERS AND YOUNG CHILDREN

Child Welfare Centres

At the end of 1966 the County Council were providing 216 Child Welfare Centres (46 in purpose-built buildings, 14 in adapted premises and 156 in hired accommodation). The number of infants attending the Centres during the year was 47,447, making 301,639 visits.

During 1966 new centres were started and centres discontinued as under :—

<i>New Centres Started</i>	<i>Centres Discontinued</i>
Health Services Clinic, Ferry Road, Hullbridge	Village Hall, Hullbridge
Parish Hall, Parsons Heath, Colchester	Parsons Heath, Colchester
Christ Church Hall, Buttsbury	School Room, Barnston
Village Hall, High Beech	The Farmhouse, Crossways, Jaywick
Club House, Caravan Site, Woodbine Close, Waltham Abbey	Labour Hall, London Road, Marks Tey
The Public Hall, Jaywick, Clacton-on- Sea	
The Village Hall, Copford	

Distribution of Welfare Foods

Throughout the year the scheme for the distribution of welfare foods continued and 293 centres in the Administrative County were used for this purpose, i.e. 120 in Health Services Clinics and 173 in various other premises. The following figures show the amounts of the various welfare foods, including national dried milk, distributed during 1966 to beneficiaries, together with comparative figures for 1965.

	1966	1965
Orange juice and vitamin C (bottles) ...	397,831	404,003
Vitamins A and D tablets (packets) ...	21,119	28,868
Cod Liver Oil (Vitamins A and D) (bottles)	22,781	26,611
National Dried Milk (tins)	183,974	236,963

Medicaments and Nutriment

The scheme whereby free medicaments were supplied to mothers and young children was reviewed during the year and as a consequence the list of medicaments was reduced to three items, i.e. Adexolin, Vitamin "C" tablets and Neo-Ferrum, with the proviso that when Neo-Ferrum is prescribed for an infant attending the Child Welfare Centre the patient's general medical practitioner should be informed.

As reported last year, the list of Nutriments had already been curtailed and the scheme has worked satisfactorily.

Dental Inspection and Treatment

The Chief Dental Officer's report on the work of the County Dental Service will be found on page 74.

The table given below shows details of the dental treatment provided for expectant and nursing mothers and young children during 1966 :—

	<i>Expectant and Nursing Mothers</i>	<i>Children under five years of age</i>
Patients inspected	383	2,852
Patients found to require treatment	305	1,425
Patients treated	288	1,241
Courses of treatment completed	244	1,072
Total visits for treatment	1,028	2,897
<i>Treatment Provided :</i>		
Fillings	779	2,217
Extractions	233	813
General Anaesthetics	43	449
Patients X-rayed	48	24
Scaling and/or removal of stains	258	165
Teeth otherwise conserved	—	719
Dentures	47	—

Detection and Treatment of Phenylpyruvic Oligophrenia

The scheme for the detection and treatment of Phenylpyruvic Oligophrenia continued throughout 1966 and 29,388 urine tests were made in this connection. No positive reactions were reported.

Day Nurseries

The six day nurseries in the Administrative County, three of which were approved for training purposes, continued to operate, providing places for a total of 250 children. The overall average daily attendance during the year was 215.

Daily Guardians Scheme

There were 11 Daily Guardians during 1966, all of whom were in the South-East Essex Health Area, but as last year, only three children were being cared for.

Nurseries and Child Minders Regulation Act, 1948

The table below indicates the number of premises and child minders registered by the County Council in accordance with the requirements of the Nurseries and Child Minders Regulation Act, 1948, and the number of children for whom provision was being made at the end of 1966 :—

Health Area/ Delegatee Authority	NURSERIES		CHILD MINDERS	
	Number Registered	Number of Children Provided for	Number Registered	Number of Children Provided for
North-East Essex	9	141	18	175
Mid-Essex	45	1,116	45	414
South-East Essex	17	322	23	147
Thurrock	6	164	10	106
West Essex	26	666	30	289
Harlow	12	394	14	64
Basildon U.D.C.	20	384	14	81
Colchester M.B.C.	12	381	5	46
Total	147	3,568	159	1,323

Child Guidance

It is regretted that owing to the continued shortage of Psychiatrists no progress was made during the year in the suggested arrangements for Child Guidance Teams to advise staff at Child Welfare Centres on problems of emotional development or behaviour difficulties found in mothers and young children. The matter will, however, be kept under review until the staffing situation improves.

Co-operation between the staff at the Child Welfare Clinics and Child Guidance Clinics continued as in previous years.

Convalescent Treatment

Recuperative holidays in accordance with arrangements made under section 22 of the National Health Service Act, 1946, were provided for five mothers and 12 young children during 1966.

Child Development Sessions

Child Development sessions continued to flourish during 1966 and at the end of the year there were 11 Clinics providing a total of 24 sessions each week as follows :—

North-East Essex	...	Mistley	...	...	...	...	1
South-East Essex	...	Great Wakering	...	...	...	...	3
		Hockley	...	...	...	...	3
		Canvey Island	...	...	...	...	3
		Rochford	...	...	...	...	2

Harlow	Lister House	2
	Sydenham House	2
Basildon	Great Oaks	3
	Craylands	2
	Wickford	2
Colchester	Shrub End	1

Boarded-out Children

During 1966 the practice whereby boarded out children are medically examined continued and a total of 613 were seen. 197 of these were found to have defects requiring either observation or treatment and details were forwarded to the appropriate Area Medical Officer so that any necessary action could be taken. General Medical Practitioners undertake the majority of these medical examinations, but a few are done by the County Council's medical staff.

Play Groups

In view of the increasing number of play groups registered under the Nurseries and Child Minders Regulation Act, 1948, re-consideration was given to the standards of staffing. This resulted in the adoption of a minimum ratio of supervisory staff to children of 1 : 10, to be applied to all future registrations under the Act, except that a higher standard, to be agreed by the Area Medical Officer/Medical Officer of Health concerned, will be required in special circumstances, e.g. where a large proportion of those in attendance are very young children, in cases where the lavatory/washing facilities are not close at hand, and are possibly situated on another floor, and where the experience of the person or persons who will supervise the children is limited.

Congenital Malformations apparent at Birth

Cases of congenital malformations apparent at birth continued to be reported by the doctor or midwife notifying the birth and during 1966, 331 live and stillborn infants were so reported. These cases are equivalent to 16.2 per 1,000 births during the year compared with 14.2 in 1965. Rates in Health Areas varied from 11 to 21 per 1,000. Taking the two years 1965 and 1966 together, the rate of reported malformations was significantly higher than average in South-East Essex and significantly lower than average in West Essex, but most of the difference between these two Health Areas was in the less serious types of malformation (e.g. hypospadias, epispadias and talipes) and may reflect different standards of what is abnormal rather than real differences.

The types of defect recorded are given in the following table, multiple malformations being recorded once under each defect, thus the figures for defects numbered 21 and 22 represent 5 infants with cleft lip only, 11 with cleft lip and palate and 7 with cleft palate only. Of the total of 331 cases, 174 were males and 156 females and there was one whose sex could not be determined; the difference between the sexes was due principally to the much greater number

of defects of the male than the female genital organs. There were also 11 boys and only 5 girls with cleft lip but this was counterbalanced by the 5 boys and 16 girls with anencephalus.

Forty-one, or about 12 per cent. of all the infants reported, were stillborn. Of these 16 had anencephalus and 13 other defects of the central nervous system. The remaining 12 suffered a variety of other defects.

**Congenital Malformations apparent at Birth recorded in 1966
with numbers in 1965 in parentheses**

Code No.	Defect	M.	F.	Total	Defects per 1,000 births
01	Anencephalus	5	16	21 (19)	1.03
04	Hydrocephalus	8	10	18 (16)	0.88
08	Spina bifida	8	10	18 (27)	0.88
00, 02, 03, 05-07, 09	Other defects of central nervous system	6	6	12 (7)	0.59
10-15	Defects of eye	—	1	1 (3)	0.05
16-19	Defects of ear	3	2	5 (5)	0.24
21	Cleft lip	11	5	16 (20)	0.78
22	Cleft palate	10	8	18 (25)	0.88
20, 23-29	Other defects of alimentary system	3	3	6 (4)	0.29
30-39	Defects of heart and great vessels	6	5	11 (4)	0.54
40-49	Defects of respiratory system	—	1	1 (5)	0.05
56	Hypospadias, epispadias	23	—	23 (24)	1.13
57	Other defects of male genitalia	7	—	7 (9)	0.34
50-55, 58, 59	Other defects of uro-genital system	6	2	9* (4)	0.29
62	Reduction deformities	2	1	3 (2)	0.15
63	Polydactyly	8	4	12 (7)	0.59
64	Syndactyly	5	—	5 (3)	0.24
66	Talipes	43	36	79 (78)	3.86
68	Defects of hand	8	7	15 (8)	0.73
60, 61, 65, 67, 69	Other and unspecified defects of limbs	10	20	31* (31)	1.52
70-79	Other skeletal defects	4	4	8 (8)	0.39
80, 81	Defects of face and neck	4	5	9 (7)	0.44
83	Vascular defects of skin, etc.	5	8	13 (8)	0.64
84	Other defects of skin	3	3	6 (3)	0.29
96	Mongolism	4	11	15 (16)	0.73
82, 85-95, 97-99	Other specified and unspecified defects	10	12	22 (12)	1.08
Total No. of Children		174	156	331* (289)	16.21

* Including one of indeterminate sex.

Audiology Service

The audiology service, which commenced late in 1965, unfortunately came to a temporary halt in the middle of 1966 with the resignation of the Consultant Otologist, Mr. S. E. M. Bates. Despite advertisements issued by the North-East Metropolitan Regional Hospital Board it was not possible to fill the vacancy. It has however been possible to obtain the services of Dr. A. N. Cammock in a locum capacity.

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

Midwifery Service

The number of midwives (excluding those employed by Hospital Management Committees or Boards of Governors under the National Health Service Act, 1946) who notified their intention to practise in accordance with the provisions of the Midwives Act, 1951 is given below:—

<i>Form of practice</i>	<i>Domiciliary Midwives</i>	<i>Other Midwives</i>	<i>Total</i>
(a) Domiciliary Midwives employed by the Authority	212	—	212
(b) Other midwives—employed in Nursing Homes or in private practice	—	24	24
TOTAL	212	24	236

During the year 6,555 confinements were attended by domiciliary midwives employed by the County Council, and in only 96 instances was a doctor not booked to attend the confinement.

20,417 births were notified in 1966 under Section 203 of the Public Health Act, 1936, and of these 13,690 occurred in hospital (67·1 per cent.). The following table shows the percentage of hospital confinements in the Administrative County over the last three years:—

	1964	1965	1966
North-East Essex	80·2	82·8	83·8
Mid-Essex	*	69·3	71·0
South-East Essex	46·8	46·9	51·1
Thurrock	*	47·6	53·6
West Essex	*	70·2	71·3
Harlow	54·4	62·0	69·7
Basildon U.D.C.	53·9	55·4	57·4
Colchester M.B.C.	75·6	77·7	80·8

*Comparable figures not available

It will be noted that the trend for Hospital confinements to increase continued throughout the year and was most notable in South-East Essex, Thurrock and Harlow.

Early discharge of Maternity Patients from Hospital

The arrangements whereby maternity patients confined in hospital were discharged before the expiration of the lying-in period to the care of general medical practitioners and domiciliary midwives continued during the year, a total number of 4,553 being so discharged, 163 more than in 1965.

Telephone-answering Service for Domiciliary Midwives

In my report for 1965 I mentioned that the trial use of telephone-answering equipment had been commenced in one Health Area and one Delegatee Authority with a view to providing information as to the suitability of the service for use by domiciliary midwives. The trials were continued during the year but the various systems used were not found satisfactory in all respects and, although the Delegatee Authority concerned decided to enter into an agreement for the installation of a number of telephone-answering machines in midwives' houses, it is proposed that further trials take place as and when alternative systems become available, before consideration is given to the general adoption of a telephone-answering service for domiciliary midwives throughout the Administrative County.

Analgesia

The 212 domiciliary midwives employed by the County Council were all qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives' Board and, in 1966, 77.7 per cent. of patients confined at home received inhalational analgesia. The number of cases and the type of analgesia given are shown below:—

Gas and Air ...	...	...	...	...	...	2,791
Trilene ...	...	...	...	...	...	2,305
Pethidine ...	...	...	...	...	...	3,921

Ante-Natal and Post-Natal Clinics

The table below gives details of the attendance at ante-natal and post-natal clinics during the year under review:—

	No. of Women in attendance	No. of Attendances	
		at Medical Officers' Sessions	At Midwives' Sessions
For ante-natal examination	7,223	8,552	22,485
For post-natal examination	117	170	—

Puerperal Pyrexia

A total of 89 notifications of puerperal pyrexia were received during 1966, of which 20 occurred in domiciliary confinements.

Ophthalmia Neonatorum

Only two cases of ophthalmia neonatorum were notified in 1966, as compared with six in 1965. No impairment of vision was reported in either case.

Maternal Deaths

The number of deaths during 1966 attributed to pregnancy, childbirth or abortion was four as against two in 1965. The maternal death rate for the

Administrative County was 0·20 per thousand live births; the national rate for England and Wales being 0·26.

Detailed reports continued to be sent to the Regional Assessor.

Care of Unmarried Mothers and their Babies

The Chelmsford Diocesan Moral Welfare Association continued to undertake, on an agency basis for the County Council, the care of unmarried mothers and their children, and during 1966 a total of 130 mothers were admitted to hostels, 91 of them being cared for in hostels outside the Administrative County.

Training of Pupil Midwives

At the end of the year 102 pupil midwives undertaking second period midwifery training at hospital training schools had received, or were receiving, domiciliary experience under arrangements made with various Hospital Management Committees whereby the County Council provide domiciliary training facilities for the pupils, over a period of three months, under the supervision of teaching district midwives.

During this training 33 of the pupils were accommodated in Nurses' Homes administered by the County Council and 69 with teaching district midwives and private landladies.

HOME NURSING

During 1966 home nurses attended a total of 15,469 patients, an increase of 1,237 on the previous year and a total of 411,054 visits, (an increase of 12,846) were made to these patients as follows:—

Age Group	Number of patients visited	Number of visits paid
Under 5 years of age ...	466	3,084
Over 5 and under 65 years	4,879	93,537
Over 65 years of age ...	10,124	314,433
	<hr/>	<hr/>
All ages ...	15,469	411,054
	<hr/>	<hr/>

HEALTH VISITING

Home Visits

Health Visitors employed by the County Council made 193,845 visits to 81,313 persons in their homes during 1966. The figures below show the visits made in the various categories:—

Age Group	Number of patients visited	Number of visits paid
Under 5 years of age ...	68,935	161,523
65 years of age and over	5,983	16,826
Others	6,395	15,496
	<hr/>	<hr/>
All ages ...	81,313	193,845
	<hr/>	<hr/>

PREPARATION FOR CHILDBIRTH

Relaxation classes have been held in Essex for the past seventeen years. They have been conducted by domiciliary midwives and health visitors and the exercises taught have followed methods advocated by Dr. Grantly Dick Read.

In recent years, however, many obstetricians—including some attached to hospitals in the Administrative County—have shown a particular interest in the psychoprophylactic method of preparation for labour developed on the Continent and known as the Lamaze technique.

With the growing interest in this method of preparation for childbirth the demand for its use increased, and it became apparent that persons without any midwifery or nursing qualifications or professional training in physiotherapy were conducting or proposing to conduct relaxation classes using the psychoprophylactic method.

In the circumstances, it was decided that courses of instruction on preparation for childbirth, each of three days duration, be organised for the purpose of instructing all health visitors and midwives in this particular method of preparation for childbirth.

Two such courses were held in the Autumn of 1966 under the direction of Mrs. M. Williams, M.C.S.P., Chairman of the Obstetric Association of Chartered Physiotherapists, and each course was attended by 40 health visitors, domiciliary midwives and hospital midwives.

ATTACHMENT OF HEALTH VISITING, MIDWIFERY AND HOME NURSING STAFF TO GENERAL MEDICAL PRACTITIONERS

The Ten Year Plan for the Development of Local Health Services, approved by the Council in October 1962, provided for the introduction, as soon as the staffing position permits, of arrangements for the secondment of domiciliary nursing staff to work with individual general medical practitioners, and in accordance with this decision it has been possible to arrange for a number of health visitors, midwives and home nurses to be attached to general practices or to work in general medical practice liaison schemes.

An attachment scheme is one in which the local health authority worker is attached to a specified general medical practice and is responsible for all the patients on the general practitioner's list residing within the local authority boundary, thereby having no traditional visiting district of her own. A health visitor, midwife or nurse working in a liaison scheme is responsible for the patients on the list of a specified general medical practice within her traditional visiting district. Where patients reside outside her district but within the local authority boundary, she does not herself visit them but is responsible for liaison between the general practitioner and the appropriate health visitor, midwife or home nurse.

The number of staff employed in attachment or liaison schemes at the end of 1966 is shown below :—

Category of Staff				No. employed in Attachment Schemes	No. employed in Liaison Schemes
Health Visitors	...	...	...	10	6
Midwives	...	...	...	27	8
Home Nurse/Midwives	...	...	...	1	—
Home Nurses	...	...	...	22	7

These schemes have proved very successful: not only have they established a better working relationship between the family doctor and the local authority nurse, with the opportunity for regular consultations, but experience has shown that the nurse is enabled to obtain a more comprehensive knowledge of the patients' illness and needs, and thus the patients receive a much better standard of care.

FAMILY PLANNING

Following the receipt of Ministry of Health Circular 5/66 which restated the powers of local health authorities in regard to the provision of advice and treatment for women to whom pregnancy would be detrimental to health; emphasised the need of those who desire to achieve the aim of planned parenthood even though no specific danger to health is involved; and urged local health authorities to review their present arrangements for family planning in the light of suggestions made in the Circular, it was decided that additional Women's Welfare (Family Planning) Clinics be established, as soon as practicable, in Canvey Island, Halstead, Harlow and Harwich. With regard to the advice contained in the Circular relating to the giving of financial and other assistance to voluntary bodies, as local branches of the Family Planning Association have since March 1965, been permitted the use, without charge, of County Health Services Clinics, together with use of furniture and equipment (equivalent to indirect financial assistance of probably more than £2,000 a year) it was decided that, subject to review in two years' time, no present action be taken to grant financial assistance to the Family Planning Association or similar organisations, but that the existing arrangements for providing accommodation free of charge be continued.

SECTION V—PREVENTIVE MEDICINE

CARE AND AFTER CARE—TUBERCULOSIS

192 cases of respiratory and non-respiratory tuberculosis were notified by Medical Officers of Health in 1966 as compared with 242 in 1965, a reduction of 50 (43 respiratory and 7 non-respiratory). The details by age and sex distribution are given under:—

	Sex	0-	2-	5-	15-	25-	35-	45-	55-	65-	75-	Not known	Total (all ages)
Respiratory.....	M	3	1	3	16	6	16	22	23	16	3	—	109
	F	—	1	2	18	8	8	10	3	5	2	—	57
Non-Respiratory	M	—	—	1	2	—	—	3	—	—	—	—	6
	F	—	—	4	1	3	4	1	2	3	1	1	20

The following table shows the number of primary notifications and deaths in the County Districts of the Administrative County for 1963, 1964, 1965 and 1966:—

	Respiratory Tuberculosis		Non-Respiratory Tuberculosis		Tuberculosis (all forms)			
	No. of notifications	No. of Deaths	No. of notifications	No. of Deaths	No. of notifications	No. of Deaths	Rate per 1,000 population	
							Notifi-cations	Deaths
1963	253	29	32	3	285	32	0.25	0.03
1964	237	25	36	2	273	27	0.23	0.02
1965	209	28	33	4	242	32	0.20	0.03
1966	166	24	26	5	192	29	0.18	0.03

Domiciliary Visits

The number of tuberculous households visited was 1,761 of which 756 were visited by tuberculosis visitors and 1,005 by health visitors.

Follow up of Contacts

During 1966, 2,291 contacts of cases of tuberculosis were notified and examined for the first time, and 7,382 subsequent examinations were made, bringing the total number of examinations during the year to 9,673.

Open Air Shelters

As reported last year, only 4 open air shelters are still in use and during 1966 four visits of inspection were made to these shelters by Health Visitors.

B.C.G. Vaccination

The vaccination of contacts of patients suffering from tuberculosis, in respect of whom Mantoux tests had proved negative, was continued throughout the year, the total numbers vaccinated are shown hereunder, together with comparative figures for 1965 :—

	1966	1965
Number of contacts skin tested	1,327	1,120
Number of contacts found to be negative	1,072	909
Number of contacts found to be positive	191	172
Number of contacts vaccinated	1,118	Not available

B.C.G. vaccination of school children and students also continued during the year; details are given below with 1965 figures for comparison :—

	1966	1965
Number of pupils and students skin tested	9,645	8,536
Number of pupils and students with		
(a) Positive results	721	847
(b) Negative results	8,642	7,468
(c) Vaccination with B.C.G. ...	8,477	7,358

Extra Nourishment

The practice of supplying patients with free milk continued during the year under review and 65 new cases of tuberculosis, plus 46 new cases of other chest diseases received this service. 702 cases were in receipt of free milk at the end of the year.

Rehabilitation

As for 1965, at the end of 1966, only one patient from the Administrative County was in receipt of financial assistance for maintenance at a Rehabilitation Centre.

Mass Radiography

The North-East Metropolitan Regional Hospital continued to operate two mobile radiography units in the Administrative County and during 1966, sixty-five sessions were held at factories, hospitals, etc., when a total of 52,549 persons were X-rayed. Of these 29,510 were males and 23,039 females.

Tuberculosis Care Associations

The 11 Tuberculosis Care Associations continued to operate throughout the Administrative County during the year and the total amount spent was £5,511, made up as follows:—

	£
Milk and Groceries	3,745
Fuel	316
Fares	61
Clothing, Furniture, etc.	54
Holidays, Outings, etc.	123
Diversional Therapy	57
Other Grants	612
Special Efforts	316
Printing, Postages, etc.	227
	<hr/>
	£5,511

£1,200 was allocated by the Public Protection Committee under the Sunday Entertainments Act, 1932, for distribution to Tuberculosis Care Associations during 1966, but this was the last occasion on which this grant will be allocated as these moneys are no longer available. The County Council continued during 1966 to make grants to these Associations on the basis of £2 per thousand population, plus a sum of not exceeding £25 in respect of postages and other petty disbursements.

OTHER ILLNESSES

Recuperative Convalescence

The demand for recuperative holidays under the arrangements made in accordance with Section 28 of the National Health Service Act, 1946, increased during 1966, the number of patients receiving such holidays being 278 as against 249 for 1965.

Loan of Sickroom Equipment

In 1966 the arrangements for the loan of sickroom equipment to patients from Home Nurses or Health Area Stores, continued. Items of equipment too large for storing locally were stored centrally and allocated as required.

INFECTIOUS DISEASES

The corrected numbers of notifications of infectious disease received by Medical Officers of Health of County Districts during 1966 will be found in Table V on page 83. The year was marked by an average of low incidence of all notifiable diseases. There were no cases of smallpox, diphtheria, acute poliomyelitis, anthrax or typhoid fever and notifications of tuberculosis numbered 192 compared with 242 in 1965.

VACCINATION AND IMMUNISATION

Smallpox

During 1966, persons under 16 years of age were vaccinated or re-vaccinated, against smallpox, as shown by the following table:—

	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-15 years	Total
No. vaccinated	105	313	468	743	7,952	3,180	1,013	13,774
No. re-vaccinated	—	—	—	—	3	188	2,243	2,434

There was one case of generalised vaccinia in the Thurrock Health Area.

Diphtheria, Whooping Cough, Tetanus, and Poliomyelitis

The following table gives details of the number of persons under 16 years of age who completed primary courses of injections and received re-inforcing doses to protect them against diphtheria, whooping cough, tetanus and poliomyelitis during 1966:—

	Year of Birth					Others under 16 years of age	Total
	1966	1965	1964	1963	1959- 1962		
Primary Courses							
Diphtheria	6,857	9,757	1,003	303	948	230	19,098
Whooping Cough	6,811	9,564	910	236	466	92	18,079
Tetanus	6,847	9,715	1,006	313	2,195	3,070	23,146
Poliomyelitis	3,984	12,254	1,477	496	1,331	399	19,941
Reinforcing Doses							
Diphtheria	4	2,398	5,351	946	12,260	2,235	23,194
Whooping Cough	3	2,309	5,145	866	4,322	370	13,015
Tetanus	4	2,394	5,338	955	12,651	4,736	26,078
Poliomyelitis	1	252	503	157	12,494	2,688	16,095

It is estimated that at the end of 1966 between 75 per cent. and 80 per cent. of all children born in 1965 now residing in the Administrative County had been protected against these four diseases.

Protection was usually given by triple (D.P.T.) antigens and Sabin oral poliomyelitis vaccine but a substantial number of older children were given tetanus toxoid injections, as follows:—

	Primary Courses	Reinforcing Doses
Quadruple (D.T.C.P.) ...	162	15
Triple (D.P.T.) ...	17,880	12,885
Diphtheria/Pertussis ...	3	14
Diphtheria/Tetanus ...	944	8,092
Diphtheria ...	109	2,188

				Reinforcing Doses	Primary Courses
Pertussis	...	...	...	34	101
Tetanus	...	...	...	4,160	5,086
Poliomyelitis—Salk	...			319	142
Poliomyelitis—Sabin	...			19,460	15,938

Yellow Fever

The centre at the Health Suite of the new Tower Block, County Hall, continued to provide Yellow Fever vaccinations during 1966 at a charge of £1 1s. 0d., per person, subject to reduction in accordance with the County Council's assessment scales. 245 persons availed themselves of this service in 1966.

Leprosy

The Public Health (Leprosy) Regulations, 1966, came into operation on 1st March, 1966, and provided for all cases of Leprosy to be notified to the Chief Medical Officer of the Ministry of Health.

Copies of the notifications are sent to me to ensure that, in co-operation with the County Welfare Officer, every assistance can be given to the person concerned on such matters as housing, employment and general social problems.

Supervision is also given to the change of address of any person suffering from this disease.

VENEREAL DISEASE

The following table gives details of new cases of syphilis, gonorrhoea and other conditions diagnosed at Special Clinics in the Administrative County during the year under review.

	Syphilis		Gonorrhoea		Other Conditions	
	Male	Female	Male	Female	Male	Female
Chelmsford	3	—	32	16	153	203
Colchester	4	2	49	14	152	83
Harwich	1	—	5	2	16	5
Tilbury	19	1	54	3	431	60
Total	27	3	140	35	752	351

The cases of gonorrhoea in males have considerably increased during 1966, the total for 1965 being 90. The increase applies to all four Clinics.

The figures, however, do not represent the total number of Essex cases seen at Special Clinics, because as in previous years, many cases attend clinics situated outside the Administrative County. As special clinics do not take the address of the patient into consideration, it is almost certain that some of the cases seen at Essex clinics reside outside the Administrative County.

The cases of gonorrhoea were distributed in the following age groups; figures for 1965 shown in parenthesis :—

	<i>Under 16 years</i>	<i>16 and 17 years</i>	<i>18 and 19 years</i>	<i>20 — 24 years</i>	<i>25 years and over</i>
Males	— (—)	3 (2)	22 (6)	46 (28)	69 (54)
Females	4 (9)	7 (2)	8 (5)	13 (6)	3 (5)

It will be noted that the average age of persons attending special clinics diagnosed as suffering from gonorrhoea is lower than for the previous year.

HEALTH EDUCATION

The general and widespread demand for Health Education continues with the result that the Health Education programme throughout the Administrative County has increased to meet this need.

Staff

During the year approval was given to the appointment of five Area Health Education Officers and it is hoped that when these posts have been filled the "load" at present placed on the Central Office Health Education team will be somewhat alleviated.

In 1966 over 400 lectures were given to schools and various organisations throughout the Administrative County, many of which were supplemented by showing 16 m.m. films on a wide variety of subjects.

Exhibitions and Displays

A large number of exhibitions and displays were staged. Many of these were to supplement Health Education Weeks in schools, others in Health Department premises and at Town Shows, covering a wide range of subjects, such as Smoking and Health, Sex Education (including promiscuity and venereal disease), Home Safety, Foot Health, Nutrition and Mouth to Mouth Resuscitation.

As in previous years, an extensive exhibition was staged at the Essex Show, Great Leighs, on 8th and 9th June, when special emphasis was given to the Ambulance, Mental Health and Audiology Services.

Training Courses

A training course was held for medical and nursing staff on Personal Relationships and on Spina Bifida, approximately 200 members of the staff attending.

A further course for selected members of staff and Technical College lecturers on methods of presentation of the subject of Personal Relationships (Sex Education) was successfully undertaken and this was followed by teaching demonstrations with groups of Technical College students.

Dental Health Education

The five-year Harlow Dental Health Campaign was completed during the year and a similar project was commenced in the Loughton and Chigwell areas of the West Essex Health Area. Although the Harlow Campaign has been completed, because of the interest shown and the importance of continual follow-up work, regular visits incorporating follow-up talks have been made to the schools concerned in the Harlow area.

Smoking and Health

Health Education on the dangers to health from smoking continued throughout the year and every opportunity was taken to introduce talks on this subject in schools, teachers training colleges, technical colleges, clinics, youth clubs and other clubs and meetings for young people throughout the Administrative County. The general public, by means of poster display, have also been warned of the ill-effects of smoking, and lectures supported by films have been given whenever the opportunity has occurred.

Health Services Clinics display the most recent posters on the walls of waiting rooms and these are constantly changed to ensure that interest is maintained.

Successful "Smokers Advice Clinics" have been held in the South-East Essex Health Area. These were arranged in conjunction with the Composite Public Health Committee of the Benfleet, Canvey Island, Rayleigh and Rochford District Councils.

Group Teaching Sessions

The following group teaching sessions were undertaken during 1966:—

1. By Health Visitors at:—

Schools	...	...	...	...	...	...	406
Professional Organisations	...	...	...	...	...	...	40
Youth Groups	...	...	...	...	...	...	45
Other places	...	...	...	...	...	...	525

2. By Medical Officers and others (excluding Health Education Organiser)

...	19
-----	-----	-----	-----	-----	----

Exhibitions and Displays

In Health Department premises	...	...	...	...	53
Elsewhere	...	...	...	...	29

Home Safety

Grants of £20 each were made during the year to seven of the eight Home Safety Committees operating in the Administrative County, and a *pro rata* grant

of £10 to the newly formed Home Safety Committee for the Benfleet, Canvey Island and Rayleigh Urban Districts and Rochford Rural District. Home Safety exhibitions were arranged by Area Medical Officers and by the Central Health Education Staff.

PROVISION OF SPECIAL PANTS AND DISPOSABLE LININGS FOR INCONTINENT PERSONS

The County Council, under their approved Proposals in accordance with Section 28 of the National Health Service Act, 1946, have for some years past loaned cotton draw sheets and provided disposable pads, free of charge in each case, to incontinent persons being nursed at home and this service has been very much appreciated not only by the patients themselves but by relatives and friends caring for them. Nevertheless there was an increasing demand for an extension of these arrangements to include the provision of special pants and disposable linings for ambulant persons suffering from incontinence as well as those confined to bed and it was considered such facilities would be an aid to rehabilitation in many cases.

Having regard to the benefits which the patients would derive from the supply of these items and the experience gained from a twelve month pilot scheme conducted in the Borough of Colchester and the North-East Essex Health Area, the Health Committee agreed to extend throughout the Administrative County the arrangements for the issue free of charge, of special pants, where these items are not obtainable through the Hospital or Specialist Services and for disposable linings to ambulant and non-ambulant incontinent persons living at home, but subject to the condition that, should any beneficiary obtain remunerative employment, the facilities be continued for a period of not exceeding one year after that date as a further aid to rehabilitation.

In August of this year the Ministry of Health issued Circular 14/66 commending to local health authorities that incontinence pads and waterproof pants or knickers with disposable linings should be provided for all persons who can benefit, and as the provisions already made by the County Council fell short of the Minister's recommendation only in so far as a restriction was placed on the provision to incontinent persons being nursed at home, the County Council accordingly extended this service to include incontinent persons residing in establishments under the control of the County Council.

Routine Cervical Cytology

The scheme for Routine Cervical Cytological screening of women of all ages, with particular emphasis on those aged 35 years and over, continued throughout the year, the equivalent of nearly 400 sessions being devoted to this work. A total of 4,186 women were tested, 76 were recalled for a second test and 16 tests gave positive results.

The age parity is available for 4,054 of the women tested and is given below:—

	Age of Women					Total All Ages
	Under 25 years	25-34	35-44	45-54	55 & over	
Single	2	2	11	10	—	25
Married— no children	4	58	117	76	12	267
Married— one child	13	157	346	172	41	729
Married— two children	14	493	801	308	51	1,667
Married— three children	4	232	471	134	32	873
Married— four children	1	73	165	60	8	307
Married— five chil- dren or more	—	27	109	44	6	186
Total	38	1,042	2,020	804	150	4,054

CHIROPODY

At the end of 1966 the number of Chiropodists employed in the Administrative County amounted to 24·2 equivalent whole-time.

The total number of sessions worked by these Chiropodists was 11,556, made up as follows:—

At Clinics	7,150
Domiciliary	3,776
Welfare Establishments	630

Priority categories, i.e. the aged, the physically handicapped and expectant mothers, continued to be treated as the staffing position permitted and visits to County Welfare Hostels were maintained. As in previous years, a grant was made to the Essex Old People's Welfare Committee to enable them to assist Old People's Clubs to run a service in those districts where a directly provided service was not available.

The table below shows the number of cases treated and the number of treatments given during 1966:—

Category	Cases under treatment at 31.12.66	Clinic Attendances	Domiciliary Treatments	Treatments at Welfare Hostels
Children	28	356	—	—
Physically Handicapped	225	438	1,210	142
Aged over 65 years	11,872	43,391	15,585	5,768
Others	560	1,895	—	—
Total	12,685	46,080	16,795	5,910

Geriatric Clinic

A geriatric clinic was opened in July 1966, at the South Benfleet Health Services Clinic and about 50 elderly persons have attended since its inception. This service is considered to be a valuable contribution to the promotion of health and the prevention of disability in the elderly and the helpful co-operation of the Old People's Welfare Committee and the W.V.S. has been a contributing factor to its success.

Problem Families

During the year instructions were issued to all Health Visitors and other relevant staff in the Health Areas/County Districts to report to the Area Medical Officer/Medical Officer of Health immediately, should they have the slightest suspicion that a child was not receiving proper care. This "early warning" ensures that a thorough and immediate investigation can be made of any case so reported.

FACTORIES ACTS, 1937 AND 1948

The County Medical Officer of Health was not called upon under Section 126 of the Factories Act, 1948, to perform or arrange the performance of the functions of factory doctors.

NATIONAL ASSISTANCE ACT, 1948

A Principal Medical Officer on the staff of the Health Department continued to visit residential hostels under the jurisdiction of the Welfare Committee to give advice on various matters and to review the arrangements for chiropody treatment for the residents.

HOME HELP SERVICE

The number of Home Helps employed at the end of the year was as follows:—

Whole-time Helps	...	...	...	...	5
Regular Part-time Helps	...	...	...	...	1,273
Other Helps (Casual)	...	...	...	...	719
					<hr/>
					1,997
					<hr/>

The time worked by these 1,997 helps was the equivalent of the whole-time employment of 684 helps.

During the year 1,301,748 hours of help were provided for 9,986 cases in the following categories:—

Category	New Cases	Total Cases	Hours Provided
Aged Persons	2,067	7,171	1,104,609
Chronic Sick (including Tuberculosis) under 65 years	307	907	123,034
Maternity	1,143	1,257	38,524
Others	470	651	35,581
Total	3,987	9,986	1,301,748

The 651 "other cases" referred to include:—

Mental Disorders under 65 years	...	...	...	34
Acute Illness	...	...	...	452
Harassed Mothers	...	...	...	58
Problem Families	...	...	...	13
Absence of Mother	...	...	...	73

Training

Since 1958 the arrangements for the training of home helps have provided for three centrally organised courses of two weeks duration to be held each year and for courses of instruction to be arranged locally where this was possible. Whilst these arrangements have, over the years, provided beneficial instruction to a large number of helps, they have necessarily been limited to those able to attend a central course or those employed in a Health Area able to arrange local training courses.

With a view to evolving a system whereby all home helps would have the opportunity of receiving at least some basic training, it was decided during the year that arrangements be made as soon as practicable to commence a three-tier system of training, comprising initial courses held locally for newly-appointed helps and for those who have not attended a course of instruction; intermediate courses of a more advanced level held locally; and advanced courses for selected helps to be arranged centrally.

In order to provide Area Home Help Organisers with some guidance in the organising of local courses and of ensuring standardisation of training throughout the Administrative County, a special course for such staff was held in Chelmsford on one day a week over a period of seven weeks.

NEIGHBOURLY HELP SERVICE

During 1966, the Neighbourly Help Scheme, which had been extended to cover the whole of the Administrative County, assisted in 125 cases.

NIGHT ATTENDANCE SERVICE

The following categories of patients continued to receive help from the Night Attendance Service during 1966 :—

- (a) Patients residing alone who are seriously ill.
- (b) Patients seriously ill in their own homes where an aged husband or wife cannot provide the necessary assistance.
- (c) The relief of relatives who have to give regular night attention to sick people.

The following requests were met during the year :—

Requests for help	...	...	...	...	...	96
New cases helped	...	...	...	...	...	82
Total cases helped	...	...	...	...	...	86

Of these, 23 were in category (a), 23 in category (b) and the remaining 40 in category (c).

5,338 hours of assistance were provided to these persons.

REGISTRATION AND INSPECTION OF NURSING HOMES

There were 10 nursing homes registered by the County Council under Part VI of the Public Health Act, 1936, at the end of 1966. During the year it was necessary to withdraw the registration in respect of one nursing home.

AGENCIES FOR THE SUPPLY OF NURSES

No nursing agencies were granted registration by the County Council during the year and, as at the end of the previous year, there were no agencies operating in the Administrative County.

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

A total of 304 Forms B.D.8 were completed during 1966 in respect of new cases including 25 found to be defective sighted and 22 who were not eligible for registration. As a result of these examinations 169 persons were registered as blind and 88 as partially sighted. In addition 235 re-examinations were undertaken with a view to reclassification of the patients concerned and the results of these examinations were :—

Blindness	...	...	...	...	...	...	55
Partial Sightedness	...	...	...	...	...	...	122
Defective Sightedness	...	...	...	...	...	...	37
Not eligible for registration	...	...	...	...	...	...	21

The following table 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 Forms B.D.8 recommended—				
(a) No treatment	18	2	—	91
(b) Treatment (medical, surgical or optical)	60	35	—	104
(2) Number of cases at (1)(b) above which on follow-up—				
(a) Had received treatment	53	21	—	89
(b) Had refused treatment	1	1	—	—

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 1966 was 1,952, of whom 759 were males and 1,193 females. The age groups of these patients were as follows:—

	Under 16 years	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70 & over	Total
Male	22	15	22	47	59	80	62	68	384	759
Female	30	7	20	29	31	74	78	77	847	1,193
TOTAL	52	22	42	76	90	154	140	145	1,231	1,952

At the end of 1966, 558 persons were registered as partially sighted and of these 210 were males and 348 females. The age grouping of the patients was as follows:—

	Under 16 years	16-20	21-49	50-64	65 and over	Total
Male	32	18	50	37	73	210
Female	19	11	39	48	231	348
TOTAL	51	29	89	85	304	558

SECTION VI—THE AMBULANCE SERVICE

All requests for ambulance transport continued to be dealt with and vehicle movement arranged by the Ambulance Control at Chelmsford, with the exception of the Urban Districts of Chigwell and Waltham Holy Cross which were served on an agency basis by the Greater London Council as indicated in my previous report.

The policy of providing an efficient as well as an economic service and in particular of returning patients to their homes following treatment as out-patients with a minimum of delay was closely followed. In this connection, in addition to the existing transport officers at the Essex County Hospital, Colchester and the General Hospital, Southend-on-Sea, similar posts have now been filled at St. Andrew's Hospital, Billericay and Orsett Hospital, near Grays. These are all joint appointments, the County Council and the Hospital Management Committees concerned sharing the salary, cost of uniform and other expenses of the officers concerned.

The introduction of transport officers at hospitals has played a large part in controlling the movement of patients entering and leaving hospitals which in turn has had the effect of making the best possible use of ambulance transport and ensuring a quick turn round of vehicles at hospitals.

The need for the employment of transport officers at other hospitals is being closely watched and appointments will be made as and when the demand becomes apparent and the circumstances permit.

Acting in accordance with recommendations made by the National Union of Ambulance Officers that national rank markings should be introduced for staff employed in Local Health Authorities' Ambulance Service, all staff of officer rank were issued with the appropriate new rank markings. The new markings will simplify recognition by staff of other authorities and will be invaluable when staff attend a major accident or any other incident or function when more than one Service is involved.

The "out of area" telephones introduced to enable doctors and hospitals in the North-East and South-West of the County to communicate quickly with control at the cost of a local call, when non-urgent ambulance transport is required at comparatively short notice, together with the written request form designed for completion by the family or hospital doctor when patients are admitted to or attend hospital for investigation or treatment other than in an emergency have proved extremely successful and of great value to the control staff in helping them to plan ambulance journeys in advance.

A direct telephone line has been installed between the Ambulance Control and Police Headquarters at Chelmsford the cost of which is borne equally by the two Services. The direct line will facilitate the passing of urgent messages and will be particularly useful in connection with incidents where the two Services are required to work closely together.

Ambulance Stations

There are now one central Control at Chelmsford and 23 ambulance stations, which are strategically placed throughout the County with an additional agency station provided by the Brightlingsea Ambulance Fund. The Joint Committee of the Order of St. John and British Red Cross continue to organise and provide on behalf of the County Council a Hospital Car Service to convey sitting-case patients to out-patients clinics and other approved places.

New and up-to-date ambulance stations were brought into use at Billericay, Brentwood and Rochford. These new stations replaced temporary accommodation which for a number of reasons had become unsuitable for the expanding needs of the Service. Official opening ceremonies were held at each of the new Stations.

Staff

At the end of 1966 all but the very new entrants to the service held first aid qualifications recognised by the County Council. In this connection steps are being taken to encourage a still higher degree of first aid qualification for all ambulance staff and to this end the driver attendants continued to attend the special courses arranged for their benefit. In addition staff are encouraged to obtain a first aid certificate and take a refresher course in first aid at intervals not exceeding three years.

The decision to appoint eight additional driver attendants for relief duties during times of sickness and annual holidays was implemented and it is hoped these appointments will solve the problem of staff shortage and also help reduce overtime.

Vehicles and Equipment

The total fleet now numbers 38 ambulances, 17 sitting case vehicles, 42 dual-purpose vehicles and 6 taxi-type vehicles.

The policy whereby diesel-engined ambulances would be replaced by petrol-engined vehicles continued and during 1966 orders were placed for a further twelve petrol-engined vehicles which, in accordance with the practice of continued improvement in design, will incorporate a new-type wheeled stretcher on the near side and a turn over stretcher/bench seat incorporating a cardiac massage board and other features on the off side of the vehicle.

An additional vehicle was added to the three redundant vehicles retained for use in conveying in bulk first aid equipment to major accidents. These vehicles, although not used for operational purposes, are kept in constant readiness. Another vehicle has also been retained and converted for use as a float in carnival processions and at other functions where the work of the County Ambulance Service can be demonstrated.

In addition to the blue flashing light, ambulance vehicles are now fitted with a two-tone horn to give a more distinct warning of their approach with a view to aiding their movement in heavy traffic.

The experiment of providing luminous clothing for staff for use when attending road accidents at night or when there is limited visibility has proved extremely useful and more jackets have been provided.

As a result of a drowning incident referred to later in this report lengths of rope 40 feet in length have been provided at all the coastal ambulance stations for use by ambulance staff where they are required to enter the water to rescue a casualty or where a casualty is to be recovered from the water.

The general repair and maintenance of vehicles continued to be dealt with by the Chief Transport Officer, each vehicle being serviced every 2,000 miles and taken into one of the Council's workshops for a major overhaul every 10,000 miles.

Hospitals

The arrangement continued with Severalls Hospital, Colchester whereby ambulance transport is provided to convey a team consisting of a doctor, a nurse, and a social worker from the hospital to the homes of geriatric mentally ill patients in need of immediate skilled assistance and possible removal to hospital although the use of the ambulance service for this purpose was infrequent during the year.

The day patient facilities at Severalls Hospital, Colchester continued to expand and the three ambulance vehicles specifically provided to convey the day patients to and from the hospital were fully occupied so that additional transport had to be provided from the operational fleet to meet the demand.

Ambulance transport is also provided to convey to the homes of patients obstetric flying squads based at selected hospitals.

First Aid and Efficiency Competition

The First Aid and Efficiency Competition was held at the Civil Defence Headquarters, Danbury Park, Danbury on 4th June, 1966, when Driver Attendants F. G. C. Dampney and P. J. O'Sullivan of the Harlow Ambulance Station were the winners. The successful team later took part in the Regional Competition of the National Association of Ambulance Officers held at Battersea Park, London, when in a closely contested competition, with very little difference in the total marks gained, they were placed tenth of the eleven teams who took part.

Training of Staff

The training courses which commenced during the winter of 1961/62 were continued and included instruction in the duties of ambulance staff in both

peace-time and civil defence duties. The courses which commence in the autumn and continue until the spring are continually being brought up to date with the aim of teaching all the modern techniques of first aid and general ambulance work.

National Safe Driving Competition

Of the 243 Driver Attendants entered for the National Safe Driving Competition, organised by the Royal Society for the Prevention of Accidents, 198 were finally successful in gaining an award.

Incidents

The County Ambulance Service continued to carry out its full functions in all weather conditions and during the year under review the following incidents occurred which merit special mention :—

On 20th January a railway accident occurred at Thorpe-le-Soken when two slightly injured casualties needed to be conveyed to hospital.

On 4th March, a patient, who had been discharged from hospital earlier in the day, suffered a severe haemorrhage and the crew of the ambulance who were called to the emergency took immediate steps to restrict the flow of blood and conveyed the patient to hospital. Their prompt and efficient attention undoubtedly saved the patient's life.

On 19th June a boat capsized off Jaywick throwing the three occupants into the water. Two ambulances from Clacton-on-Sea were despatched and on arrival the crews found that two of the occupants of the boat had reached the shore but were on a rocky ledge which was awash with the incoming tide. The crews carried out artificial respiration but, being hampered by the incoming tide, were eventually obliged to carry the casualties ashore which involved wading chest deep through the water. Both casualties were conveyed to hospital where one was found to be dead. The third occupant of the boat was later washed ashore dead.

On 12th October an ambulance was directed to attend a person who had received an electric shock from fallen power cables in a field at Thundersley. On arrival at the scene of the incident the ambulance crew found that the casualty was lying on wet clay which they were warned was charged with electricity. Wearing rubber boots and gloves they went to the assistance of the casualty and whilst no pulse could be detected, first aid and oxygen were administered and with the help of a Police Officer and other persons present the patient was loaded into the ambulance. Oxygen and cardiac massage were given on route to hospital where upon arrival the casualty was alive but unfortunately he did not survive.

Statistics

The following table shows the miles run and patients conveyed by the directly provided Services the Agency Service and the Hospital Car Service:—

		<i>Directly Provided Services</i>	<i>Agency Service</i>	<i>Hospital Car Service</i>	<i>Whole Service</i>
Patients conveyed	1964	281,810	5,082	34,290	321,182
	1965	296,029	4,573	42,453	343,058
	1966	296,308	3,657	70,769	370,734
Mileage	1964	2,052,271	51,368	666,362	2,770,001
	1965	2,129,759	39,365	785,047	2,954,171
	1966	2,142,983	24,063	1,136,912	3,303,958
Average mileage per patient	1964	7.28	10.11	19.43	8.62
	1965	7.19	8.61	18.49	8.61
	1966	7.23	6.58	16.07	8.91

The number of patients conveyed continues to rise and because of the loss of the more urbanised area to the Greater London Council the average mileage per patient has increased. It is hoped that with even more careful planning by the Ambulance Control and by making the best possible use of all available transport the mileage per patient will be reduced in future years.

Non-Emergency Cases

The total number of non-emergency patients conveyed in 1966 was 340,785 compared with 313,395 in 1965. The increase of 27,390 patients over the previous year was mostly absorbed by making greater use of the Hospital Car Service.

Emergency Cases

During 1966, 29,949 emergency cases were conveyed, an increase of 289 cases over the previous year.

Conveyance of Patients by Air

The use of R.A.F. helicopters for the emergency transport of patients in special circumstances continued, advantage being taken of these facilities on a small number of occasions.

Future Development

Work commenced on the new ambulance station at Waltham Abbey and it is expected this will be ready for occupation in the Autumn of 1967.

As previously reported, the G.P.O. "telex" equipment will link each station with Control and "telex" machines are being installed as and when G.P.O. lines become available. It is expected the project will be completed by the end of 1967.

The second radio channel and additional radio equipment referred to in the previous report was brought into operation on a limited scale towards the end of the year. The County will be served by two radio frequencies operating transmitters via the main aerial mast at Danbury to transmitters at Epping and Wimbish in the north-west and at Colchester and Langdon Hills in the north-east and south. In addition there will be a small low-powered transmitter at Chelmsford which can operate on either channel to control vehicles fitted with dual-channel receiver transmitters most likely to be working in either half of the County. It is anticipated these improved facilities will ensure that an adequate radio signal is available in any part of the County.

The proposals in the development plan for Local Health Services for the period ending 31st March, 1966, remained unchanged and envisaged the provision of small ambulance stations at Corringham, Frating, Thaxted and Chelmsford.

SECTION VII—THE MENTAL HEALTH SERVICE

Administration

There has been no significant change in the overall administration of the Mental Health Service which continues to be operated centrally with the exception of the Areas covered by the Borough of Colchester and the Urban District of Basildon where the District Councils exercise Schemes of Delegation in respect of Health and Welfare functions. In this connection it should be noted that the provision of residential accommodation for the mentally ill is specifically excluded from the delegation schemes and consequently this particular service is administered centrally for the whole County. Owing to the revision of the calendar of meetings of the Health Committee, the Mental Health Sub-Committee now meets on six occasions during each year.

Staff

There has been no change in the medical staff of the Mental Health Service since my last Annual Report, but approval was obtained for the creation of a post of County Psychiatric Social Worker, as it was considered the time had arrived when a professionally qualified social worker was required on the staff of the central office, not only to look after the interests of the Mental Health social workers in the field and to exercise overall supervision of the case work carried out by them, but also to advise on recruitment and training.

In addition the County Psychiatric Social Worker will be required to organise the extension of the student counselling service, which is already being provided by one of the Area Psychiatric Social Workers at a College of Education, to the other Colleges of Education, the Technical Colleges and the Colleges of Further Education in the Administrative County (as well as the University of Essex if necessary).

The annual review of the establishment of Social Workers had regard to the work carried out during the year ended 31st December, 1965, which showed that there had again been an increase, particularly those suffering from a mental illness, in the number of persons seeking and requiring assistance from the Mental Health Service.

In formulating recommendations for the additional staff which it was considered this extra work justified, the then financial restrictions were borne in mind as well as the fact that only two of the five posts of Area Psychiatric Social Worker were occupied and that it had not been possible to fill two of the seven posts of Mental Welfare Officer created in 1965. As a result only three further posts of Mental Welfare Officer were created which will not be effective until 1st January, 1968. This amended establishment will provide for one whole-time Mental Health social worker to 29,000 population compared with the suggestions of the Ministry of Health that there should be one to every 20,000 population.

Two of the Area Psychiatric Social Workers left during the year, both taking up posts of higher status and responsibility, two trainees successfully completed a course leading to the Certificate in Social Work but only one returned to the Council's services, being appointed as a Mental Welfare Officer, although one other person appointed as a Mental Welfare Officer during the year possessed this qualification.

So far as the staff establishments at Training Centres are concerned, regard was had to the request contained in Ministry of Housing and Local Government Circular 44/66 that Local Authorities should review their current expenditure in order to ensure the utmost economy in 1966/67 and 1967/68. Consequently consideration of the following matters affecting the staff establishments at Training Centres was deferred for a further year:—

- (1) the employment of General Duties Assistants at, and the adaptation of, Adult Training Centres;
- (2) the further employment of escorts on the motor cars hired for the conveyance of pupils to and from Junior and Adult Training Centres;
- (3) the recommendation of the Scott Committee that the Supervisor of a Junior or Adult Training Centre with 50 or more names on the register be free of responsibility for a group or class.

Staff Training

In connection with the in-service training of staff a two-day conference for social workers was held at the Chelmsford Adult Training Centre in April 1966, the theme of the conference being "The Causative Factors and Early Signs of Mental Disorder." The specific subjects dealt with under this main heading included "Early Warning Signs of Neurotic Illness," "Social and Cultural Factors in Mental Subnormality," "Epidemiology of Schizophrenia," "Causative Factors of Mental Subnormality," "Early Warning Signs of Psychotic Breakdown" and "Causes and Early Signs of Dementia." Talks on each of these subjects were conducted by acknowledged experts in the various fields, some of whom subsequently formed a panel for a general discussion on allied subjects. Films were included in the programme of the Conference, which was attended by members of the Council's Mental Health Service staff together with a number of Mental Health social workers from the London Boroughs which were formerly within the County of Essex.

Arrangements were made for a number of Mental Welfare Officers to attend a short residential study course organised by the Council for Training in Social Work in Folkestone during November 1966. The theme of the course was "Social Change and Social Work" and its aim was to provide an opportunity for older field workers to examine their long experience in the context of changing needs, social policies and methods of work.

Opportunities were also given to members of the Training Centre staffs to attend various courses arranged by the National Association for Mental Health

on specific subjects at the University of Manchester, at Southlands Training College, Wimbledon and at a day release course for staffs of Special Care Units in London during the year.

Care and After Care

I referred in my report for the year 1965 to an experimental scheme of discontinuing the practice of having named Mental Welfare Officers on duty at night and at weekends, and this experiment was concluded during 1966. When the results of the experiment were assessed, although no reports of any difficulty had been received, it was nevertheless felt advisable to vary the scheme in order to obviate the necessity for a general medical practitioner or other person requiring the services of a Mental Welfare Officer, having to make a number of telephone calls before being able to contact such an officer. Consequently, and with the co-operation of the Physician Superintendent of the psychiatric hospital in the area concerned, arrangements were made whereby the staff of the hospital telephone switchboard were notified of the Mental Welfare Officer who would be available during any particular time of the day, night or weekend and general medical practitioners, police and other appropriate persons in the area were advised to get in touch with the hospital if they required assistance outside normal office hours. This scheme proved to be very successful and, again with the co-operation of the hospital staffs and Hospital Management Committees concerned, has since been extended to all other areas of the County.

Tables are appended giving details of the number of new cases brought to notice during the year and the number receiving community care at the end of the year, indicating the form and class of mental disorder.

The table which follows shows the number of visits made by Mental Health social workers during the year:—

Mental Health Act, 1959—Preliminary visits ...	915
National Health Service Act, 1946—Community care visits	7,949
Visits in connection with patients' property ...	45
Visits to patients in hospital	168
Other visits	3,764
Total	12,841

Training Centres

Following the successful operation of the purpose-built Training Centre at Chelmsford, where provision is made for 100 adult subnormal persons and where facilities are provided for a greater proportion of industrial work, similar 100-place Centres were planned for Colchester and Aveley. During the course of

the year tenders were invited for these projects and work commenced on the erection of the Colchester Centre which it is anticipated will be completed in the Autumn of 1967. At the end of the year it was anticipated that the order for the similar Centre at Aveley would be placed in the early Spring. During the course of the year approval was given to sketch plans which had been prepared of a scheme to provide a separate dining/assembly hall at the Chelmsford Junior Training Centre together with accommodation for children with special difficulties.

I referred above to the successful operation of the Chelmsford Adult Training Centre where a considerable amount of contract work is carried out for outside firms for which payment is made to the trainees, mainly on a piece-work basis, according to their individual skills and output. About one third of their time is, in fact, spent on this work. The weekly payments made to the trainees are kept to a level which ensures that their entitlement to a full allowance from the Ministry of Social Security is not affected and any money received from outside contractors over and above the payments which have been made to trainees is placed in a reserve fund which can be drawn upon in the event of little or no work being available. In view of the level at which this reserve fund stood towards the end of the year it was agreed that payments should continue to be made to the trainees on the existing level but that after the Christmas holiday 1966, only 90 per cent. of the excess income should be paid into the reserve fund and the balance of 10 per cent. should be paid into an amenity fund to be used for the benefit of all the trainees at the Centre until such time as the reserve fund contains an amount equal to a total of thirteen weekly payments to the trainees. When the reserve fund reaches this level, the proportion paid into it is to be reduced to 75 per cent. and the balance of 25 per cent. paid into the amenity fund, and the position reviewed when the former fund holds the equivalent of 26 weekly payments to trainees.

In connection with this industrial work an occasion arose during the year when it was not possible for the materials involved in one particular contract to be conveyed to the Training Centre owing to the size of the articles and as an experiment it was arranged for a small party of trainees, accompanied by appropriate members of the staff, to undertake the work at the firm's warehouse which fortunately was situated within easy reach of the Training Centre. The firm themselves accepted responsibility for insurance cover for any liability for injury to any trainee due to defect in their premises and in respect of any loss or injury caused to trainees by acts or defaults of the firm's employees. The work was successfully completed and the firm expressed themselves well satisfied with the arrangements. This experience was of considerable advantage to the trainees themselves and as a result of the experiment approval has now been obtained to similar arrangements being made in future should the occasion arise, subject, of course, to all necessary insurance cover being provided in each case.

Consideration was given to the future of the Loughton Junior Training Centre, which was held in hired premises not entirely suitable for the purpose. It was felt that it would be unwise to give up the accommodation at that particular stage, bearing in mind the current economic situation and the growing need for adult training centre places. It was accordingly agreed that the Church Hall should continue to be hired but used as an Adult Training Centre pending the provision of a purpose-built Adult Centre in that area. This will involve the transfer of junior trainees from the Loughton Centre to the purpose-built Junior Training Centre at Harlow, the adults now at Harlow being in turn transferred to the Loughton Training Centre. At the end of the year negotiations were proceeding with the landlords with this object in view.

Trainees living in south-east Essex were admitted to the Training Centre at Basildon, operated by the Urban District Council as Delegation Authority, when this opened in October 1962, but, as a result of overcrowding, arrangements had to be made during 1966 for some of them to be transferred to the Chelmsford Junior Training Centre although this means a journey each morning and afternoon that is longer than is considered desirable.

A purpose-built Junior Training Centre for south-east Essex is included in the Development Plan for Local Health Services but no site for this project had been acquired by the end of the year and in order to relieve the situation in this part of the County enquiries are being made to see whether premises could be rented temporarily for use as a Training Centre although it seems very unlikely that a suitable hall will be found.

A small day centre operated by the Southend-on-Sea and District Spastics Society, known as The Bungalow Centre, in the area of the County Borough of Southend-on-Sea, provides care for mentally disordered and spastic children and young people to afford some relief to parents and arrangements have been made from time to time for seven children and two adults from Essex to attend this centre, which is operated on a voluntary basis, the County Council being responsible for the cost of transport in certain cases. It was felt that until adequate training centre facilities can be provided by the County Council in that part of the County it would be reasonable to give some financial assistance in respect of Essex cases actually attending the Bungalow Centre and approval has been given to this.

Following the success of arrangements made in previous years to provide holidays for a proportion of those attending Training Centres, arrangements were again made during the year for two groups of trainees, one of thirty children together with five staff and the other of twenty four adults with four staff to be accommodated for one week each at Homes run by the National Society for Mentally Handicapped Children at Pirates Spring, St. Mary's Bay, Kent, and at Hales House, Winterton-on-Sea, Norfolk, respectively.

In my Annual Report for 1965 I referred to negotiations which had been concluded for the hiring of premises in Harlow for use as a sheltered workshop for persons recovering from mental illness. This project went into operation on 20th July, 1966, in premises known as Netteswell Hall, Harlow, where provision has been made for 24 mentally ill persons. It has been possible for contracts to be arranged with certain local firms for light industrial work to be carried out in the Workshop by these patients with a view to their eventual return to their full place in the community. It was also arranged for the local Psychiatric Social Club to use accommodation on one evening each week at the Workshop without charge.

Residential Accommodation

The four Hostels provided in the County, two for the mentally ill, one for subnormal women and one for subnormal children, continued to operate during the year, the Hostels for the subnormal being filled to capacity and there being a satisfactory turnover of patients in the Hostels for the mentally ill. In connection with the Hostel for subnormal children, mention has previously been made of the Bedford Utilibrake which was purchased to enable the Warden of the Hostel to take children on occasional outings, cinema visits, etc., and during the year consideration was given to the use of this vehicle for conveying parties of children to their homes at weekends. It has always been felt that the children at this Hostel should, as far as possible, maintain frequent and regular contact with their homes and there is no doubt that weekends spent with their parents are of benefit both to the children themselves and to their families. However, although the parents of some of the children were able to arrange to take them home for occasional weekends, owing to distances and costs many of the parents were unable to make these arrangements. Consequently for a trial period of six months the utility vehicle was used for this purpose, covering a different route each weekend for three weekends enabling the majority of the children at the Hostel to spend at least one weekend in three with their parents.

At the Hostel for the mentally ill at Stanway, arrangements were made for a therapeutic social club which had recently been established in the Colchester area for persons in that district who are recovering from mental illness, to utilise a room in the premises on one evening a week. It is hoped eventually that the club will be able to transfer to more centrally placed premises in Colchester.

Mental Health Act, 1959—Approval of Medical Practitioners

Applications were received during the year from 7 medical practitioners for approval for the purposes of Section 28 of the Mental Health Act, 1959, and these were approved after submission to the appropriate members of the Advisory Panel set up for this purpose. At the end of the year there were 54 medical practitioners in the County similarly approved.

Hospital Admissions

During the year Mental Welfare Officers assisted in arranging admissions to hospital in 248 cases. They were also involved in the following admissions carried out under the compulsory procedures laid down in the Mental Health Act:—

	<i>Applications made by Mental Welfare Officers</i>	<i>Applications made by Relatives with the Assistance of Mental Welfare Officers</i>
Section 25	113	38
Section 26	78	19
Section 29	168	81

REPORT OF THE CHIEF DENTAL OFFICER, 1966

This is the second Annual Report since the implementation of the London Government Act, 1963, and some limited comparison is now possible. The full statistical returns are shown on page 38, and the figures in brackets apply to 1965. It may be seen that the number of expectant and nursing mothers inspected during the year was 383 (554), and for pre-school children it was 2,852 (2,834). These are meagre numbers indeed for an Authority of the size of Essex, and they reflect, to a large degree, the shortage of staff. Indeed, at present the demand and not the need is being met. However, the total number of fillings inserted for mothers and young children, 2,996 (2,693), shows that the conservation of the natural teeth occupies its rightful place. In fact, for each tooth extracted nearly three fillings were inserted.

Liaison with other Branches of the Profession

In some ways it may be said the Local Authority Dental Service, especially regarding treatment, is a parallel Service to the one provided under the National Health Service Act, and so liaison is necessary with other branches of the profession. This is maintained primarily by attendance at various committee meetings.

Staff

The establishment remains at 40 Dental Officers, 8 Area Dental Officers and a Chief Dental Officer, for the statutory duties in the Administrative County. The staff actually in post at the end of the year was the equivalent of 36.6 full-time Dental Officers and Area Dental Officers. The same Dental Officers undertake work for all the dental activities of the County.

Mr. C. C. Grant resigned as Area Dental Officer for South-East Essex to take up an appointment with another Authority.

Harlow is still without an Area Dental Officer, but the vacancy in South-East Essex has been filled by Mr. S. P. Chatterjea.

Premises and Equipment

The Committee has available 38 premises with one dental surgery and 9 with two surgeries, and of these 43 were in use for the treatment of mothers and young children. The new Clinic at Hockley, with its Dental Rooms, came into use during the year. The Medical Room at Stansted secondary modern school is still in use, and the premises of a general dental practitioner (who works as a Sessional Dental Officer for the County) are still in use at Brightlingsea.

The equipment in the County is now generally good.

In the event of the Committee employing Dental Auxiliary Workers, who must work under the immediate personal supervision of a registered dentist, consideration may be given to using mobile dental units. These could be based

within the precincts of some suitable single-surgery Clinics, and would thus overcome the lack of two-surgery premises.

Dental Auxiliary Workers

As previously reported, the five year experiment is now completed. The final report of the General Dental Council on the training and employment of Dental Auxiliaries has been submitted to the Privy Council. The current position is that the Privy Council has concluded that the existence of Dental Auxiliaries would be of value to the community, and it is about to consult with the General Dental Council on the steps necessary to establish them on a permanent basis.

Dental Appliances

The manufacture of these appliances is undertaken partly by the Barking Dental Laboratory, but most of it is now put out to technicians to the profession. The number of dentures made for the Maternity and Child Welfare Service was 47 (65), and for school children it was 94 (122). These latter are usually occasioned following accidents. Orthodontic treatment accounted for the use of 584 (639) appliances.

Post-Graduate Instruction

Seven members of the staff attended at courses pertinent to their work.

General Anaesthesia

The anaesthetists have access to modern machines, which are regularly serviced under contract with the makers. It is important that correct calibration is maintained as this ensures that the mixture of gases, especially the oxygen content, is correct.

During the year the remarkable total of 6,460 (6,176) administrations were undertaken. 449 (494) of these were for pre-school children, and 43 (48) for mothers. Nearly all these patients were ambulant and not sedated, and the work calls for great patience and skill.

Mental Health

The work by the Area Dental Officer, at Holliwell Lodge, Stanway, Colchester, continues, and the residents have full inspection and treatment cover.

In the last Report it was mentioned that some investigation was being carried out to determine the efficacy of electrically operated toothbrushes for these handicapped children. The results were as expected, and the staff favour these brushes for use with a few of the more severely handicapped children. The other residents are taught to use orthodox brushes.

Fluoridation of Water Supplies

This matter has been discussed previously in these Reports, and there is nothing new to say at present on this important subject.

Dental Health Education

Now that the campaign in Harlow has terminated, except for follow-up work, the efforts of the staff in this direction have been transferred to schools and ante-natal clinics at Chigwell. At the time of writing all the primary schools, with one exception, have been visited, and a start is to be made in the near future in the secondary schools. The campaign was preceded by a Head Teacher meeting at the Divisional Education Offices at Buckhurst Hill. The meeting was also attended by the Divisional Education Officer, the Divisional School Medical Officer, and the Superintendent Health Visitor. The idea was very well received, and it is pleasant to report that the enthusiasm still continues. Full co-operation is being received from all the parties concerned.

The colour/sound film which was made of our Harlow activities continues in demand both inside and outside the County.

Toothbrushes at cost price continue to be sold at Clinics.

Ionising Radiation arising from the Medical and Dental Use of X-rays

In July 1966, the Ministry of Health issued Circular 13/66, which deals with a code of practice for the protection of persons against ionising radiation arising from the medical and dental use of X-rays. The only items of X-ray equipment in the County are those used by the Dental Service, and proper arrangements have been made for the safety of the patients and staff by the provision of protective lead-lined clothing, and by the use of high-speed X-ray films. The staff have been through the Monitoring Service provided by the Radiological Protection Service, and it is interesting to report that they have, without exception, come through this test successfully. This shows an understanding of correct techniques and the satisfactory condition of the X-ray machine. Arrangements have been made for regular monitoring, and for the inspection of the apparatus by the makers.

The Circular also calls for the appointment of a Supervisory Medical Officer and a Radiological Safety Officer. The Deputy County Medical Officer of Health and the Chief Dental Officer have been appointed respectively to these posts.

Control of Dental Diseases

The incidence of dental decay and diseases of the gums is such that all ethical means should be employed in an attempt at their control. Within present

knowledge a three pronged attack would, to a large degree, control these diseases :—

- (a) An adequate professional and ancillary staff is needed to deal immediately with any incipient trouble.
- (b) Dental Health Education should be available for the instruction of the people on the methods of self help.
- (c) Attention to the fluoride content of water.

If dental diseases could be controlled much time now lost from work and school would be saved, and much misery, pain and disfigurement prevented.

Official Inspection of the County Dental Service

In November 1965, a comprehensive review of the County Dental Service was carried out by Mr. J. Rodgers, L.D.S., one of the Dental Officers on the staff of the Department of Education and Science, and the following is a copy of a letter, dated the 24th March, 1966, which the Clerk of the County Council received as a result of this review :—

“ I am directed by the Secretary of State for Education and Science and by the Minister of Health to say that they have had under consideration the report of one of their Dental Officers, Mr. J. Rodgers, made after his visit on the 8th, 10, 11th and 18th November, 1965, to review the Essex County Council Dental Services. References in this letter are to Joint Circulars 8/62-20/62, in which Ministers asked Authorities to review all aspects of their Dental Services.

I am to commend the Authority on the generally high standard of its Dental Service; the organisation is good, the output of work is satisfactory, and the ratio of teeth filled to teeth extracted is high. The difficulties of administering a Dental Service covering different types of Divisions is fully appreciated. No doubt the Principal School Dental Officer's skill in organisation has contributed to the smooth and efficient running of the Service. The inspection rate of 60 per cent. of school children is not, however, entirely satisfactory. More staff is an urgent requirement if the basic function of the School Dental Service of at least annual inspections of the whole school population, with treatment if needed, is to be provided.

The difficulties of recruitment are fully appreciated, but the overall position is slowly improving. The recommendations and suggestions set out in Appendix II may help; in particular, the Authority may like to consider the possibility of creating several senior Dental Officer posts to form a career structure which, as well as increasing efficiency, provides improved promotion prospects and assists in the recruitment and retention of staff. The offer of accommodation in areas where recruitment is most difficult may also help. The Authority may like to consider the employment of Dental Auxiliaries, who are particularly good in the treatment of young children, where the necessary two surgery accommodation is available.

Dental Health Education is an important part of the Service and the Authority is to be commended on the special attention it is giving to this subject. The liaison between the Principal School Dental Officer and the Health Education Officer has been particularly valuable in this field.

Importance is attached to an increase being made in the amount of dental care and, where needed, conservative treatment given particularly for young children under the age of five years, and it is hoped that it will be possible to improve this aspect of the Service.

The standard of accommodation and equipment is generally high. The new clinics planned and under construction should add to the efficiency of the Service.

A copy of this letter is being sent to the Authority's Chief Education Officer. Any comments by the Authority on the points raised in this letter would be welcomed in due course."

It may be gathered from the above report that the main concern must be the lack of Dental Officers, and there is much important work waiting for any addition to the staff. One thinks especially of Dental Health Education for expectant and nursing mothers, and the provision of treatment for young children. One of the tragedies resulting from the shortage of staff is that so many young children are introduced to dentistry by the unfortunate way of multiple extractions of teeth.

J. BYROM

Chief Dental Officer

TABLE I—POPULATION, BIRTHS, DEATHS AND ANNUAL RATES, 1966

Health Area and County District	Estimated mid-year population		Estimated Net Migration	Live Births No.	Births Rate*	Deaths No.	Deaths Rate*	Infant Deaths No.	Infant Deaths Rate†	Stillbirths	Deaths under 1 week	Perinatal Mortality Rate†
Harwich B.	14,170	14,250	29	214	15.0	163	11.4	3	14	1	2	14
Brightlingsea U.	5,480	5,680	198	92	16.2	90	15.8	2	22	—	1	11
Clacton U.	32,550	33,660	1,302	454	13.5	646	19.2	12	26	4	10	31
Frinton and Walton U.	11,150	11,360	308	111	9.8	209	18.4	3	27	2	1	27
Halestead U.	6,690	6,710	—	109	16.2	86	12.8	2	18	1	2	27
West Mersea U.	3,320	3,430	108	53	15.5	51	14.8	3	57	1	—	19
Wivenhoe U.	3,830	4,020	95	124	30.8	29	7.2	—	—	—	1	14
Halestead R.	17,020	17,350	255	287	16.5	212	12.2	4	14	3	6	28
Lexden and Winstree R.	25,920	26,850	746	527	19.6	343	12.8	8	15	9	7	30
Tendring R.	26,240	26,630	361	392	14.7	363	13.6	11	28	5	—	—
North-East Essex	146,370	149,940	3,399	2,363	15.8	2,192	14.6	48	20	26	30	23
Chelmsford B.	53,730	54,480	62	1,150	21.1	462	8.5	7	6	8	6	12
Maldon B.	11,630	11,840	135	234	19.8	159	13.4	2	9	2	1	13
Braintree and Bocking U.	21,270	21,720	273	415	19.1	238	11.0	8	19	5	4	21
Brentwood U.	55,610	56,450	563	935	16.6	658	11.7	9	10	11	7	19
Burnham-on-Crouch U.	4,410	4,500	83	60	13.3	53	11.8	1	17	—	—	—
Witham U.	10,660	10,880	138	192	17.6	110	10.1	—	—	4	—	20
Braintree R.	24,200	24,110	— 266	397	16.5	221	9.2	4	10	5	2	17
Chelmsford R.	56,010	58,300	1,729	1,154	19.8	593	10.2	16	14	12	11	20
Maldon R.	17,640	18,080	251	383	21.2	194	10.7	4	10	4	2	16
Mid Essex	255,160	260,360	2,968	4,920	18.9	2,688	10.3	51	10	51	33	17
Bentley U.	40,890	42,390	1,001	937	22.1	438	10.3	6	6	8	2	10
Canvey Island U.	20,400	21,320	715	451	21.2	246	11.5	5	11	4	4	18
Rayleigh U.	23,030	24,190	920	450	18.6	210	8.7	7	16	8	4	26
Rochford R.	36,260	37,250	549	902	24.2	480	12.9	11	12	9	8	19
South-East Essex	120,580	125,150	3,205	2,740	21.9	1,374	11.0	29	11	29	18	17
Saffron Walden B.	8,910	9,150	254	144	15.7	158	17.3	1	7	3	1	27
Chigwell U.	55,940	56,180	54	685	12.2	499	8.9	9	13	12	6	26
Epping U.	10,470	10,690	121	192	18.0	93	8.7	1	5	2	1	15
Waltham Holy Cross U.	12,540	12,680	— 45	270	21.3	85	6.7	7	26	4	5	33
Dunmow R.	22,420	22,870	251	424	18.5	225	9.8	8	19	7	5	28
Epping and Ongar R.	40,470	41,360	497	741	17.9	348	8.4	18	24	8	11	25
Saffron Walden R.	18,550	18,910	232	316	16.7	188	9.9	6	19	3	6	28
West Essex	169,300	171,840	1,364	2,772	16.1	1,596	9.3	50	18	39	35	26
Harlow U.	66,260	68,740	1,266	1,477	21.5	263	3.8	20	14	15	10	17
Thurrock U.	119,780	120,790	— 141	2,088	17.3	937	7.8	30	14	39	17	26
Basildon U.	107,480	111,300	2,205	2,370	21.3	755	6.8	46	19	26	29	23
Colchester B.	69,920	69,560	— 814	1,271	18.3	817	11.7	29	23	26	21	36
ADMINISTRATIVE COUNTY	—	1,077,680	13,452	20,001	18.6	10,622	9.9	303	15.1	251	193	21.9
Administrative County, 1965	1,054,850	—	19,068	20,096	19.1	10,494	9.9	343	17.1	269	198	22.9

* per 1,000 estimated population

‡ per 1,000 live births

† per 1,000 total births

TABLE II—CAUSES OF DEATH BY AGE, 1966

	Males									Females								
	0—	15—	25—	35—	45—	55—	65—	75—	Total	0—	15—	25—	35—	45—	55—	65—	75—	Total
1. Tuberculosis—respiratory	—	—	—	3	—	3	7	3	16	—	—	—	1	2	2	1	2	8
2. Tuberculosis—other	—	—	—	—	—	2	—	—	2	—	—	—	—	1	—	—	—	3
3. Syphilitic disease	—	—	—	—	1	1	3	6	11	—	—	—	—	—	1	5	1	7
4. Diphtheria	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
5. Whooping Cough	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	2	—	1	1	1	1	2	1	9	2	—	1	1	—	3	1	2	10
9. Other infective and parasitic diseases	—	—	—	6	19	31	59	47	162	—	—	1	1	5	13	22	40	82
10. Malignant neoplasm, stomach	—	1	—	9	46	151	171	64	442	—	—	2	2	9	24	31	12	80
11. Malignant neoplasm, lung and bronchus	—	—	—	1	—	1	1	1	4	—	—	4	20	46	50	53	58	231
12. Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	1	4	12	12	25	17	71
13. Malignant neoplasm, uterus	10	8	6	23	61	108	180	182	578	8	2	6	13	44	89	132	171	465
14. Other malignant and lymphatic neoplasms	6	1	2	4	6	3	8	8	38	3	1	—	—	2	2	22	26	53
15. Leukaemia and aleukaemia	—	—	—	3	—	—	—	—	29	—	1	—	—	—	—	—	—	—
16. Diabetes	1	1	—	2	24	68	174	335	605	1	—	2	10	22	69	205	579	888
17. Vascular lesions of nervous system	—	—	5	22	122	332	441	425	1,347	1	—	—	2	21	86	248	546	904
18. Coronary disease, angina	—	—	1	—	2	12	18	25	58	—	—	1	—	—	3	12	44	60
19. Hypertension with heart disease	—	—	—	—	—	4	13	9	29	—	—	3	1	15	22	94	443	578
20. Other heart disease	2	1	2	11	15	34	98	233	396	—	—	4	—	6	15	42	178	245
21. Other circulatory disease	—	2	1	3	7	35	59	101	208	—	—	—	1	2	3	4	15	25
22. Influenza	2	—	—	—	—	3	5	8	18	12	1	1	2	6	16	72	326	436
23. Pneumonia	21	3	1	4	4	22	60	184	299	3	—	1	2	3	10	50	83	152
24. Bronchitis	10	1	1	2	14	73	148	138	387	4	—	1	1	2	1	7	22	38
25. Other diseases of respiratory system	2	1	—	1	—	13	20	25	62	—	—	—	—	—	5	4	19	28
26. Ulcer of stomach and duodenum	—	—	1	4	7	18	25	56	—	—	—	—	1	2	6	4	11	30
27. Gastritis, enteritis and diarrhoea	2	1	—	—	2	4	3	5	17	6	—	—	—	—	—	—	—	—
28. Nephritis and nephrosis	1	—	1	3	1	5	6	12	29	1	—	1	1	—	4	3	4	14
29. Hyperplasia of prostate	—	—	—	—	1	5	15	24	45	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	4
31. Congenital malformations	45	3	1	1	4	1	1	—	56	49	—	—	2	1	1	1	2	56
32. Other defined and ill-defined diseases	110	17	7	15	17	40	63	112	381	73	10	6	13	22	45	91	190	450
33. Motor vehicle accidents	11	33	11	14	9	15	13	9	115	6	5	2	3	2	5	5	5	33
34. All other accidents	11	15	9	10	15	11	7	19	97	8	—	4	5	2	5	16	62	102
35. Suicide	—	2	9	9	6	9	4	6	45	—	—	—	5	6	8	10	5	34
36. Homicide and operations of war	—	—	—	1	—	—	—	—	1	—	—	—	1	1	—	1	—	3
All causes	238	90	59	149	381	994	1,597	2,007	5,515	177	22	41	94	236	503	1,163	2,871	5,107
1965	283	71	54	132	389	930	1,533	2,075	5,467	185	28	41	108	226	518	1,129	2,792	5,027
1964	258	65	59	149	357	966	1,430	1,913	5,197	191	35	38	134	249	500	1,130	2,648	4,925
1963	250	70	67	131	372	912	1,510	2,165	5,477	183	27	57	108	208	558	1,217	2,816	5,174

TABLE III—DEATHS BY AGE IN HEALTH AREAS AND COUNTY DISTRICTS, 1966

Health Area and County District	MALES												FEMALES												GRAND TOTAL
	Under 4 wks. 4 wks. -1 yr.	1-	5-	15-	25-	35-	45-	55-	65-	75-	All ages	Under 4 wks. 4 wks. -1 yr.	1-	5-	15-	25-	35-	45-	55-	65-	75-	All ages			
Harwich B.	1	—	—	1	2	—	3	8	20	25	27	87	1	1	—	3	—	1	1	5	10	21	33	76	163
Brightlingsea U.	—	1	—	—	—	—	1	1	2	4	20	22	51	1	—	—	—	—	2	2	13	21	39	90	90
Clacton U.	6	2	—	—	5	—	3	15	54	137	113	335	4	—	—	2	—	1	9	28	84	183	311	646	646
Frinton and Walton U.	—	1	1	—	—	—	1	—	2	13	41	48	107	1	1	—	—	1	—	5	10	23	61	102	209
Halstead U.	1	—	—	—	—	—	1	1	—	9	15	18	45	1	—	—	—	1	1	2	5	11	20	41	86
West Mersea U.	—	1	—	—	—	—	—	—	1	4	4	8	18	—	2	—	—	—	1	1	2	11	16	33	51
Wivenhoe U.	—	—	—	—	—	—	—	—	—	4	4	8	16	—	—	—	—	—	—	2	3	8	13	29	29
Halstead R.	2	—	1	—	1	—	1	7	20	34	47	113	—	2	1	—	—	2	4	11	20	59	99	212	212
Lexden and Winstree R.	4	1	2	1	2	1	2	14	23	59	68	177	3	—	1	—	—	1	4	7	15	32	103	166	343
Tendring R.	5	2	1	1	1	3	5	6	21	53	83	181	4	—	—	1	—	4	11	14	40	108	182	363	363
North-East Essex	19	8	5	3	11	7	16	55	172	392	442	1,130	15	6	2	6	1	6	11	46	99	258	612	1,062	2,192
Chelmsford B.	3	1	1	1	7	2	8	24	42	63	87	239	3	—	2	1	—	1	5	11	22	46	132	223	462
Maldon B.	—	—	—	1	2	—	2	7	7	25	29	73	1	1	—	1	1	—	1	10	17	53	86	159	159
Braintree and Bocking U.	3	2	1	1	—	—	1	9	24	36	54	131	2	1	—	—	—	1	1	4	12	22	64	107	238
Brentwood U.	3	—	4	1	2	3	10	18	59	89	111	300	5	1	1	1	—	1	5	14	30	86	214	358	658
Burnham-on-Crouch U.	—	1	—	—	—	—	—	1	4	6	8	20	—	—	—	—	—	1	—	1	2	9	20	33	53
Witham U.	—	—	—	—	2	1	4	7	10	18	24	66	—	—	—	—	—	—	4	4	10	26	44	110	110
Braintree R.	1	2	—	—	2	2	5	6	14	36	43	111	1	—	—	1	—	—	6	10	24	67	110	221	221
Chelmsford R.	8	4	—	2	5	2	4	20	62	76	110	293	4	—	3	1	1	4	2	12	20	79	174	300	593
Maldon R.	—	1	1	—	3	—	3	2	17	17	52	96	2	1	1	1	—	1	1	9	17	65	98	194	194
Mid-Essex	18	11	7	6	23	10	37	94	239	366	518	1,329	18	4	7	6	2	10	14	54	119	310	815	1,359	2,688
Benfleet U.	1	3	1	—	1	3	8	19	44	82	63	225	1	1	—	—	3	1	6	7	16	50	128	213	438
Canvey Island U.	2	1	2	1	4	3	3	5	17	43	49	130	2	—	—	1	—	—	4	14	31	64	116	246	246
Rayleigh U.	3	1	—	—	1	1	5	8	14	30	38	101	1	2	—	—	—	1	2	8	30	64	109	210	210
Rochford R.	7	3	2	—	3	5	4	16	42	61	108	251	1	—	1	1	—	1	1	8	15	48	153	229	480
South-East Essex	13	8	5	1	9	12	20	48	117	216	258	707	5	3	1	3	3	2	8	21	53	159	409	667	1,374
Saffron Walden B.	1	—	—	1	—	—	1	4	8	19	33	67	—	—	—	—	—	1	1	10	10	69	91	158	158
Chigwell U.	2	1	—	—	8	4	10	18	67	73	74	257	4	2	1	1	2	1	3	13	21	51	143	242	499
Epping U.	1	—	2	—	2	2	2	5	13	9	19	55	—	—	—	—	—	1	3	4	8	22	38	93	93
Waltham Holy Cross U.	4	1	—	1	1	—	—	1	15	10	11	44	1	1	2	—	1	—	5	6	8	17	41	85	85
Dunmow R.	4	1	—	—	—	—	3	9	16	39	58	131	2	1	1	—	—	—	5	6	8	17	41	85	85
Epping and Ongar R.	9	2	3	—	3	—	4	14	31	52	59	177	4	3	1	1	3	1	2	13	11	35	98	171	348
Saffron Walden R.	2	—	—	—	2	2	5	4	14	23	43	95	4	—	—	—	1	2	2	3	9	15	57	93	188
West Essex	23	5	5	2	17	8	25	55	164	225	297	826	15	7	4	3	7	4	13	43	67	153	454	770	1,596
Harlow U.	5	3	4	2	5	1	7	20	37	39	28	151	7	5	1	2	2	4	7	7	11	22	44	112	263
Thurrock U.	11	6	3	5	9	7	15	50	111	148	166	531	11	2	2	2	4	7	25	30	58	110	155	406	937
Basildon U.	20	8	2	10	9	7	20	32	85	87	146	426	13	5	3	4	1	5	9	18	41	77	153	329	755
Colchester B.	14	3	1	2	7	7	9	27	69	124	152	415	9	3	3	—	2	3	7	17	55	74	229	402	817
ADMINISTRATIVE COUNTY	123	52	32	31	90	59	149	381	994	1,597	2,007	5,515	93	35	23	26	22	41	94	236	503	1,163	2,871	5,107	10,622
Administrative County 1965	140	60	43	40	71	54	132	389	930	1,533	2,075	5,467	94	49	25	17	28	41	108	226	518	1,129	2,792	5,027	10,494

TABLE IV—INFECTIOUS AND OTHER NOTIFIABLE DISEASES, 1963

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-typoid fevers	Erysipelas	Food poisoning	Infective hepatitis	Others †	Total
Colchester B.	32	28	1,552	26	12	—	—	—	1	—	101	—	13	—	3	1	22	4	1,795
Harwich B.	2	19	614	10	3	—	—	—	2	—	6	—	1	—	—	—	—	2	659
Brightlingsea U.	—	—	227	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	228
Clacton U.	12	—	406	—	4	—	—	—	—	—	5	—	—	—	—	—	—	—	427
Frinton & Walton U.	10	—	30	9	3	—	—	—	—	—	2	—	—	—	—	4	—	1	59
Halstead U.	1	—	97	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	98
West Mersea U.	—	3	79	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	84
Wivenhoe U.	—	—	157	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	158
Halstead R.	9	4	147	2	3	—	1	—	—	—	—	—	—	—	—	—	—	—	166
Lexden & Winstree R.	12	22	346	26	2	—	1	—	—	—	4	—	—	—	4	—	1	—	418
Tendring R.	30	24	597	8	5	—	—	—	—	—	3	1	—	—	—	—	1	—	669
North-East Essex	76	72	2,700	55	21	—	2	—	2	—	22	1	2	—	4	4	2	3	2,966
Chelmsford B.	29	58	650	12	4	—	—	—	—	—	—	—	3	—	1	—	—	—	757
Maldon B.	—	3	2	—	3	—	2	—	—	—	—	—	—	—	—	—	—	—	10
Saffron Walden B.	—	—	74	—	3	—	—	—	—	—	—	—	—	—	1	—	—	—	78
Braintree & Bocking U.	7	1	190	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	202
Burnham-on-Crouch U.	1	15	10	2	—	—	—	—	—	—	1	—	—	—	3	—	—	—	32
Witham U.	7	1	156	—	4	—	—	—	—	—	1	—	—	—	—	—	—	—	169
Braintree R.	8	22	151	—	2	—	—	—	—	—	—	—	—	1	3	—	—	—	187
Chelmsford R.	9	85	812	12	8	1	—	—	—	—	4	—	—	3	7	1	—	—	942
Dunmow R.	5	2	626	2	3	—	—	—	—	—	4	—	—	—	—	1	—	—	643
Maldon R.	3	17	182	4	7	—	—	—	1	—	2	—	1	—	—	1	4	—	222
Saffron Walden R.	16	21	412	13	1	—	—	—	—	—	15	—	—	—	3	1	2	2	486
Mid-Essex	85	225	3,265	45	39	1	2	—	1	—	27	—	4	—	12	13	7	2	3,728
Basildon U.	42	65	1,404	7	22	—	2	2	—	—	6	—	9	—	—	1	5	—	1,565
Benfleet U.	17	18	397	6	9	—	3	—	—	—	1	—	—	—	2	3	5	—	461
Canvey Island U.	18	21	614	7	14	—	4	—	—	—	—	—	—	3	4	1	—	—	686
Rayleigh U.	5	3	147	26	5	—	—	—	—	—	—	—	—	2	—	—	1	—	189
Rochford R.	9	9	632	5	9	—	2	—	—	—	4	—	88	—	—	16	33	1	808
South-East Essex	49	51	1,790	44	37	—	9	—	—	—	5	—	88	—	7	23	40	1	2,144
Brentwood U.	8	30	1,158	10	10	—	1	—	—	—	82	—	—	1	1	2	—	1	1,304
Hornchurch U.	74	135	1,674	3	24	—	4	—	—	—	25	2	2	1	7	13	4	—	1,968
Thurrock U.	73	110	1,285	62	30	—	9	—	—	—	79	2	5	1	5	—	—	1	1,662
South Essex	155	275	4,117	75	64	—	14	—	—	—	186	4	7	3	13	15	4	2	4,934
Harlow U.	121	179	1,851	14	32	—	2	—	—	—	398	—	2	—	3	7	33	21	2,663
Chingford B.	45	91	579	18	7	—	6	—	—	—	24	—	1	—	4	3	—	—	778
Wanstead & Woodford B.	7	54	504	13	14	—	2	—	—	—	59	—	22	—	5	9	—	1	690
Chigwell U.	35	58	679	6	28	—	2	1	—	—	45	—	—	—	3	6	—	—	863
Epping U.	2	15	149	—	11	—	—	—	—	—	11	—	—	—	1	—	—	—	189
Waltham Holy Cross U.	2	22	263	1	3	—	1	—	—	—	—	—	—	—	2	—	—	—	294
Forest	91	240	2,174	38	63	—	11	1	—	—	139	—	23	—	15	18	—	—	2,814
Epping & Ongar R.	7	31	432	6	8	—	1	—	—	—	39	—	—	—	2	2	—	—	528
Romford B.	37	109	1,100	7	31	—	1	2	—	—	217	2	2	—	2	13	16	1	1,540
Barking B.	45	70	861	19	27	—	4	—	—	—	20	1	5	—	3	—	—	—	1,056
Dagenham B.	58	61	1,045	12	41	1	5	2	—	—	69	2	—	—	2	5	—	—	1,304
Ilford B.	93	183	1,277	82	53	—	4	1	1	1	295	—	22	—	7	36	—	—	2,063
Leyton B.	27	62	1,069	102	45	1	5	2	—	—	40	—	3	1	5	—	—	—	1,365
Walthamstow B.	67	207	1,696	39	55	—	10	—	—	—	216	5	19	—	7	9	—	—	2,331
ADMINISTRATIVE COUNTY	985	1,858	26,333	571	550	3	72	10	5	1	1,780	15	199	4	85	147	129	49	32,796
Administrative County, 1962	1,136	557	7,756	484	598	5	72	12	3	5	651	12	328	4	105	266	62	28	12,084

† Including Typhoid Fever 26, Malaria 2, Acute Encephalitis, Infective 5, and Acute Encephalitis, Post-infectious 7.

* Not notifiable in these districts, therefore the total for the County of 129 is incomplete.

TABLE V—INFECTIOUS AND OTHER NOTIFIABLE DISEASES, 1966

Health Area and County District	Scarlet fever	Whooping cough	Measles	Acute pneumonia	Tuberculosis respiratory	Tuberculosis meninges and C.N.S.	Tuberculosis other	Meningococcal infection	Dysentery	Ophthalmia neonatorum	Puerperal pyrexia	Erysipelas	Food poisoning	Infective hepatitis	Others †	Total
Harwich B.	6	7	47	10	1	—	—	—	2	—	—	1	6	3	—	83
Brightlingsea U.	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	8
Clacton U.	—	—	71	—	2	—	2	1	—	—	—	—	—	—	1	77
Frinton & Walton U.	1	3	73	2	—	—	—	—	2	—	—	—	—	—	—	81
Halstead U.	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
West Mersea U.	—	—	5	—	1	—	—	—	—	—	—	—	—	—	—	6
Wivenhoe U.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Halstead R.	16	9	40	2	2	—	—	—	—	—	—	—	—	—	—	69
Lexden & Winstree R.	7	4	105	11	—	—	—	—	—	—	1	2	—	1	—	131
Tendring R.	5	11	109	2	—	—	—	—	2	—	—	—	2	4	—	135
North-East Essex	35	35	458	27	6	—	2	1	6	—	1	3	8	8	1	591
Chelmsford B.	27	10	137	6	10	—	1	—	23	—	—	—	—	—	—	214
Maldon B.	2	2	165	4	2	—	—	—	—	—	—	—	—	—	—	175
Braintree & Bocking U.	4	4	23	—	1	—	1	—	—	—	—	—	—	—	—	33
Brentwood U.	15	7	531	10	11	—	—	—	11	—	3	—	5	4	—	597
Burnham-on-Crouch U.	1	—	194	—	—	—	—	—	—	—	—	—	—	—	—	195
Witham U.	2	2	155	—	2	—	—	—	—	—	—	—	1	—	—	162
Braintree R.	2	7	98	—	2	—	—	—	—	—	—	—	—	—	—	109
Chelmsford R.	18	12	276	4	6	1	—	—	23	—	1	2	1	1	—	345
Maldon R.	6	8	132	1	2	—	1	—	—	—	—	—	—	1	—	151
Mid-Essex	77	52	1,711	25	36	1	3	—	57	—	4	2	7	6	—	1,981
Benfleet U.	19	3	281	2	9	—	1	—	3	—	4	2	5	3	—	332
Canvey Island U.	40	63	24	10	5	—	—	3	17	—	2	5	14	10	—	193
Rayleigh U.	46	3	244	67	7	—	—	—	9	—	1	3	9	2	—	391
Rochford R.	45	26	237	4	4	—	—	—	82	—	91	2	5	5	1	502
South-East Essex	150	95	786	83	25	—	1	3	111	—	98	12	33	20	1	1,418
Saffron Walden B.	2	1	36	—	1	—	1	1	1	—	—	—	—	—	—	43
Chigwell U.	23	48	129	4	9	—	3	—	7	—	1	2	3	*	1	230
Epping U.	6	7	15	—	—	—	—	—	1	—	—	2	2	—	—	33
Waltham Holy Cross U.	1	4	16	—	3	—	1	—	2	—	—	—	—	*	—	27
Dunmow R.	2	12	186	—	—	—	—	—	14	—	—	—	4	—	—	218
Epping & Ongar R.	17	4	62	—	7	—	2	—	5	—	—	2	5	—	1	105
Saffron Walden R.	26	15	63	5	3	—	—	—	68	—	—	—	3	6	—	189
West Essex	77	91	507	9	23	—	7	1	98	—	1	6	17	6	2	845
Harlow U.	64	30	1,101	6	28	2	1	2	8	—	3	1	15	26	1	1,288
Thurrock U.	27	93	324	51	24	—	4	—	2	—	10	1	2	—	1	539
Basildon U.	45	33	376	3	15	—	2	1	3	—	19	1	5	7	—	510
Colchester B.	26	25	134	3	9	—	3	—	26	—	2	1	1	61	5	296
ADMINISTRATIVE COUNTY	501	454	5,397	207	166	3	23	8	311	—	138	27	88	134	11	7,468

† Malaria 7, paratyphoid fever 3, acute encephalitis, post-infectious 1

* Infective hepatitis is not notifiable in Chigwell U.D. and Waltham Holy Cross U.D.

TABLE 1—NUMBER OF PATIENTS REFERRED DURING THE YEAR ENDED 31st DECEMBER, 1966

REFERRED BY	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				GRAND TOTAL OF COLS. (1)-(16) (17)
	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	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
General practitioners	—	—	22	37	—	—	1	—	1	—	—	—	—	—	—	—	61
Hospitals, on discharge from in-patient treatment	—	—	72	117	—	—	—	—	—	2	3	3	—	1	—	—	198
Hospitals, after or during out-patient or day treatment	—	—	38	46	—	—	—	—	—	—	—	2	1	—	—	—	87
Local education authorities	—	—	—	—	—	—	—	—	12	24	16	19	19	27	—	2	119
Police and courts.....	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	4
Other sources	—	1	14	24	—	—	—	—	2	1	11	10	6	4	6	4	83
Total	—	1	147	227	—	—	—	1	—	15	27	30	34	26	32	6	552

TABLE VII—NUMBER OF PATIENTS RECEIVING COMMUNITY CARE ON 31st DECEMBER, 1966

	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				GRAND TOTAL
	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	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
Total number ...	—	1	342	517	—	—	—	2	65	57	598	569	195	169	262	285	3,062
Attending day training centre ...	—	—	3	2	—	—	—	—	51	43	74	70	127	105	94	122	691
Awaiting entry thereto ...	—	—	—	—	—	—	—	—	5	3	—	1	1	4	1	—	15
Resident in L.A. home/hostel ...	—	—	10	20	—	—	—	—	4	2	10	11	7	3	5	10	82
Awaiting residence in L.A. home/hostel	—	—	3	3	—	—	—	—	1	—	—	—	2	2	15	12	38
Resident at L.A. expense in other residential homes/hostels ...	—	—	9	9	—	—	—	—	2	—	8	1	6	5	1	4	45
Resident at L.A. expense by boarding out in private household ...	—	—	—	—	—	—	—	—	—	—	1	2	—	3	5	7	18
Receiving home visits and not included under (b) to (e):—																	
suitable to attend a training centre	—	—	—	—	—	—	—	—	6	3	3	5	12	7	9	13	58
Others ...	—	1	317	483	—	—	—	2	3	8	507	488	46	44	136	134	2,169

RURAL HOUSING
TABLE VIII—PROGRESS DURING, 1966

UNFIT DWELLING-HOUSES DEMOLISHED CLOSED OR REPAIRED DURING 1966 (1)				RURAL DISTRICT COUNCIL										
Closure/Demolition		Housing Act, 1957	(i) Houses demolished	Brantree (2)	Chelmsford (3)	Dunmow (4)	Epping and Ongar (5)	Halstead (6)	Lexden and Winstree (7)	Malden (8)	Roehford (9)	Saffron Woods (10)	Tendring (11)	Totals (12)
Houses in or adjoining Clearance Areas				Persons displaced from houses to be demolished	6	—	—	—	—	—	—	—	—	—
Houses not in or adjoining Clearance Areas		(ii) Houses demolished as a result of formal or informal action Persons displaced from houses to be demolished	31	—	—	—	—	—	—	—	—	2	—	33
			12	1	7	9	12	2	18	2	2	41	106	
Houses in or adjoining Clearance Areas		(iii) Houses closed in pursuance of closing orders or undertakings Persons displaced	3	—	—	20	5	5	2	—	2	13	50	
			3	—	7	10	13	14	5	—	15	—	67	
Houses not in or adjoining Clearance Areas		(iv) Unfit houses made fit and houses in which defects were remedied	5	—	—	34	18	2	4	—	53	—	116	
			—	—	22	—	—	2	1	—	14	—	39	
Houses in or adjoining Clearance Areas		(a) After formal notice by Local Authority	—	—	—	—	—	—	—	—	—	—	—	—
			By Owner	2	—	1	4	7	—	—	—	—	2	16
Houses not in or adjoining Clearance Areas		(b) After determination of a demolition order	—	—	—	6	7	—	—	—	—	—	—	13
			(c) After determination of a closing order	—	—	—	—	—	—	—	—	1	—	1
Houses in or adjoining Clearance Areas		(d) After modification or revocation of a clearance order	—	—	—	—	—	—	—	—	—	—	—	—
			(e) After formal notice	—	12	1	—	—	—	3	—	—	—	16
Houses not in or adjoining Clearance Areas		(f) After informal action by Local Authority	28	20	17	62	155	216	66	1	19	87	671	
			By Owner											
(a) Total number of houses demolished or closed since 1/1/56 (totalled from returns)				391	184	484	213	364	392	224	226	348	374	—
(b) Local Authority's estimate of number of houses remaining unfit for human habitation				260	*	132	80	†522	100	135	30	119	156	—
(c) Period of years considered necessary by L.A. for dealing with (b)				4	*	5	3	10	10	5	3	5	8	—

* Survey being prepared.

† Includes 288 houses already subject of Demolition Orders.

TABLE 1A—HOUSING IMPROVEMENT GRANTS, 1966

	HOUSING (FINANCIAL PROVISIONS) ACT, 1958				HOUSE PURCHASE AND HOUSING ACT, 1959	
	Applications Received		Applications Approved		Applications Approved	
	Dwellings Concerned				Grants paid during year	
	Conversions (2)	Improvements (3)	No. of Dwellings (4)	Amount of grant decided to be paid during year (5)	Number of Dwellings in applications approved during year (7)	Number of Dwellings concerned (after completion of improvements) (9)
(1)						
Braintree	—	20	20	6,356	16	18
Chelmsford	2	39	53	13,770	36	36
Dunmow	—	17	14	5,010	41	20
Epping & Ongar	—	6	6	2,400	68	55
Halstead	2	9	11	3,417	5	12
Lexden & Winstree	—	11	11	4,548	85	83
Maldon	6	31	34	9,338	16	24
Rochford	1	—	—	—	39	29
Saffron Walden	3	32	32	10,635	20	15
Tendring	—	17	2	2,402	38	59
TOTALS	14	182	183	57,876	364	351

RURAL HOUSING

TABLE X—NUMBER OF HOUSES ERECTED DURING 1966
AND THE NUMBER OF APPLICANTS REMAINING ON WAITING LISTS

Rural District Council (1)	No. of houses erected during the year ended 31st December, 1966		No. of applicants on waiting list for Council houses at 31st December, 1966, who are in urgent need of housing accommodation (4)
	By the Council (2)	By Private Enterprise (3)	
Braintree	41 (58)	157 (174)	172 (200)
Chelmsford	111 (135)	593 (676)	812 (260)
Dunmow	8 (54)	208 (130)	120 (60)
Epping and Ongar	83 (42)	241 (315)	310 (300)
Halstead	16 (33)	105 (143)	150 (100)
Lexden and Winstree	18 (31)	292 (373)	430 (175)
Maldon	16 (18)	198 (274)	23 (11)
Rochford	— (47)	450 (542)	117 (103)
Saffron Walden	19 (19)	183 (122)	161 (182)
Tendring	8 (28)	315 (300)	350 (300)
Totals	320 (465)	2,742 (3,049)	2,645 (1,691)

1965 figures given in parenthesis.

A total of 234 flats were erected by Rural District Councils and 98 by private enterprise.

TABLE XI—SEWERAGE SCHEMES AND SEWAGE DISPOSAL—PROGRESS REPORT

District Council	Schemes completed in 1965	Schemes completed 1966	Schemes under construction 31.12.1966 and % completed	Schemes anticipated to commence in 1967	Schemes Phased for 1968	Schemes Phased for 1969/71	Any remaining localities which it is estimated may be economically sewered
Braintree R.D.	None	Cornish Hall End	Terling and Hatfield Peverel—Contract No. 1 (Terling) 90%; Contract No. 2 (Hatfield Peverel Treatment Works, sewers, etc.) 10%	None	Great Saling and Shalford Bradwell and Stisted Coggeshall and Kelvedon Rayne and Panfield White Notley Sewage Works	None	Blackmore End, Wethersfield, Fuller Street, Fairstead
Chelmsford R.D.	Pleshey Good Easter	Woodham Ferrers	None	Bickenacre	East Hanningfield Roxwell—Works extensions West Hanningfield River Wid (Ingatstone, Mountnessing, Stock and Margaretting) Ramsden Heath and Downham Writtle reconstructions Highwood Great Leighs Ford End and Howe Street Chignal Smealey Rettendon (Bell P.H. area)	Broomfield and Little Waltham valley sewer reconstruction Springfield (Trunk sewers)	None
Dunmow R.D.	Broxted	None	Leaden and Margaret Roding 70% Lower Chelmer Valley 5%	None	Hatfield Heath Sewage Disposal Works—extensions Takeley Sewage Disposal Works—extensions	None	None
Epping and Ongar R.D.	Stondon	None	Swallows Cross Sewage Disposal Works—extensions 75% Nazeing Sewage Disposal Works—extensions 50% Roydon—connection to Trunk Sewer 80% Lambourne—Hillman's Cottages Pumping Station 10%	Theydon Bois—Stormwater scheme Roydon, East End North Weald—digestors Willingale—Humus Tanks North Weald—Hastingwood	Stanford Rivers Sewage Disposal Works Thornwood Sewage Disposal Works *Roydon / Broadly Common Theydon Bois Sewage Disposal Works—digestors	North Weald—Duck Lane, Stormwater sewer Blackmore—pumping station and rising main Epping Green sewage disposal works Nine Ashes and Ongar Tilegate and High Laver Ongar Stormwater sewer Dobbs Weir	Sewer Extensions only at:— Matching Green Greensted Doddington Norton Heath Theydon Mount Stapleford Abbots Navestock Shallow Bowells Willingale Matching Nazeing
Halstead R.D.	Ridgewell Colne Engaine—extensions of sewage disposal works	None	Foxearth 95% Gosfield sewage works extensions 10%	Earls Colne—Works extensions and new sewers	Belchamp St. Paul Sturmer Helions Bumpstead Steeple Bumpstead—extensions Sible Hedingham Sewage Disposal Works—extensions	Bulmer (Street) Birdbrook (Street) Belchamp Walter	Council to review all remaining parishes and revise priority list

Table XI—continued

District Council	Schemes completed 1965	Schemes completed 1966	Schemes under construction 31.12.66 and % completed	Schemes anticipated to commence in 1967	Schemes Phased for 1968	Schemes Phased for 1969/71	Any remaining localities which it is estimated may be economically sewered
Lexden & Winstree R.D.	Wakes Colne Green	Gt. Horkesley	Tiptree 88% Birch 10%	Abberton, Peldon, Fingringhoe and Langenhoe Salcott Laver-de-la-Haye	Dedham Heath Copford Sewage Works extension Blackheath Wormingford Easthorpe	Great Wigborough Nayland Road, West Bergholt Boxted and Langham	Inworth
Maldon R.D. ...	Tillingham and Dengie	Langford	Bradwell 10% Althorne and Mayland 5%	Latchingdon, Cold Norton, Stow Maries and Mundon Tolleshunt D'Arcy Tolleshunt Knights	Steeple St. Lawrence (Stone)	Woodham Mortimer Hazeleigh and Part Purligh Little Totham and Tolleshunt Major	North Fambridge
Rochford R.D. ...	Greensward Lane—Sewer extensions Silchester Corner Great Wakering	Stambridge—Sewer extension (Contract No. 358) Barling Magna—Sewer extension (Contract No. 359)	Foulness Island, Churchend Village (Contract No. 331) 20%	East End, Paglesham—Sewers and treatment works Sutton—Sewers and pumping stations Great Wakering—Sewers and sewage disposal works	Ashingdon Rochford—new pumping station and sewage disposal works Hockley/Hawkwell—Relief trunk sewer	Stambridge modernisation of Sewage Disposal works Hullbridge—Kingsmans Farm Area Drainage, relief sewer and sewage disposal works	Stambridge—Mill Lane and Church area sewerage Hullbridge—Esplanade sewerage
Saffron Walden ... R.D.	None	None	Debden 60% Littlebury 90% (awaiting Gt. Chesterford sewage disposal works) Farnham 10% Langley (stage 1) 80%	Great Chesterford Newport—new sewage disposal works Gt. Sampford, Hempstead and Radwinter Elmdon and Chris-hall	Wicken Hadstock Widdington Elsenham, Ugley and Henham Little Chesterford	Clavering Arkesdon Berden Wendons Ambo	Elmdon (Duddenhoe End) Wimbish
Tendring R.D. ...	Great Oakley—gravity sewers, rising mains and 3 pumping stations St. Osyth, Phase III—Gravity sewers rising mains and 2 pumping stations	St. Osyth sewage treatment works Great Bromley sewage treatment works Little Clacton sewer extensions in Amerells and Feverills Roads	None	Northern Area—Bradfield Mistley Manningtree Lawford Ardleigh Weeley—remainder of village area	Great Bromley Hare Green, Frating—gravity sewers	Thorpe, Little Clacton, Weeley Heath—gravity sewers and extensions to existing works at Thorpe	Wix Wrabness

* Subject to possible extension of Harlow.

TABLE XII

REFRESHER COURSES ATTENDED BY MEMBERS OF THE STAFF

Course	Organising Body	Staff Attending
Attention	Society of Chiropodists	1 Chiropodist
Detection of Deafness in young Children "	Institute of Laryngology and Otology	48 Health Visitors
Diagnosis and Treatment of the Deaf Child "	Institute of Laryngology and Otology	6 Medical Officers
Annual Symposium	Society of Medical Officers of Health	1 Principal Medical Officer
3 Refresher Course in Family Psychiatry	East Anglian Regional Hospital Board	3 Medical Officers
Communications in Social Work "	Royal Society of Health	1 Superintendent Health Visitor 3 Health Visitors
Lecture in Psychoprophylaxis	National Childbirth Trust	2 Non-Medical Supervisors of Midwives 1 Superintendent Health Visitor 4 District Nurse Midwives 2 Health Visitors Chief Dental Officer
Lecture on Dental Health Education	General Dental Council	
"Linking Senility"	Severalls Hospital	7 members of Senior Nursing and Mental Health staff
Human Relations in Community Care "	Queen's Institute of District Nursing	1 Non-Medical Supervisor of Midwives
The Problem of the Young Drug Taker "	Kent Post-Graduate Medical Centre	Principal Medical Officer (Mental Health) Health Education Organiser Deputy County Medical Officer of Health
Epilepsy and Driving	British Epilepsy Association.....	1 Dental Officer
Course in Orthodontics	British Post-Graduate Medical Federation	
Lecture on "Pregnancy of Adolescence "	National Council for the Unmarried Mother and her Child	2 Superintendent Health Visitors 1 Non-Medical Supervisor of Midwives
Lecture in Mental Health	Tavistock Institute of Human Relations	Principal Medical Officer (Mental Health) 2 Superintending Health Visitors
The Utilisation of our Water Resources "	Royal Society of Health	Deputy County Medical Officer of Health County Health Inspector
Annual Conference	College of Speech Therapists	1 Speech Therapist
Course on Appliance	Chelsea School of Chiropody	2 Chiropodists
Training		
Administration of Dental Anaesthetics "	Institute of Dental Surgery.....	3 Assistant County Medical Officers

Table XII—continued

Course	Organising Body	Staff Attending
Study Course	Association of Psychiatric Social Workers	1 Area Psychiatric Social Worker
Refresher Course for Chiropodists	London Foot Hospital	3 Chiropodists
"Mental Development and Diagnostic Testing of the Very Young"	Dr. Ruth Griffiths	3 Assistant County Medical Officers
Weekend School	Institute of Home Help Organisers	3 Area Domestic Help Organisers
"The Doctor and the Social Worker in the Health and Welfare Services"	National Institute of Social Work Training	Deputy County Medical Officer of Health
Course for Practical Work Instructors	Queen's Institute of District Nursing	8 District Nurses
"Generic Course in Family Psychiatry"	Ipswich and East Suffolk Hospital	10 Health Visitors
One-Day Conference	Society of Medical Officers of Health	1 Assistant County Medical Officer
"Inter-Professional Co-operation — Facts and Fantasies"	National Association for Mental Health	1 Area Psychiatric Social Worker
Inter-Clinic Conference	London School of Economics	1 Social Worker (Child Guidance Clinic)
Summer School	Association of Public Health Lay Administrators	Principal Administrative Assistant

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