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1970

COUNTY COUNCIL OF ESSEX

REPORT

of the

COUNTY MEDICAL OFFICER OF HEALTH

for the Year

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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 1971

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

Madam Chairman, Ladies and Gentlemen,

I have the honour to present as required by Department of Health and Social Security Circular 1/71, the Annual Report for 1970 which is the eighty-first in respect of the Administrative County and the sixth prepared by me.

Although the Local Authority Social Services Act 1970 did not come into effect until 1971 the shadow cast before it became very much in evidence in the second half of last year and a great deal of work was carried out in preparation for the establishment of the Social Services Department. By the end of the year it became clear which staff would be transferred to the new Department and they have, of course, now taken up their new duties. I should like to place on record my thanks to them for the work they undertook during their time in the Health Department. It was recognised that their departure would necessitate changes in the central office of the Health Department but what was not anticipated was the comparatively large number of staff changes, which have also taken place, some of which were indirectly connected with the introduction of the new Department, and which have contributed in some degree to the delay in presenting this report.

The Health Department is now entering upon another phase in its work and development and one which may be of fairly short duration if the Government proceed with the re-organisation of the National Health Service and publication of their formal proposals is awaited.

It is recognised in many quarters that the prevention of illness is extremely important not only to help everyone lead a happy and useful life but to reduce the drain on resources which it appears inevitable will be in short supply. Mr John Timmis, the Chief Dental Officer, comments on the benefit to be obtained from the fluoridation of drinking water. This has brought to mind a statement by Professor P. O. Pederson, of the Royal Dental College, Copenhagen, that a recent survey in England and Wales showed that more that one in three of people aged 16 and over had none of their natural teeth left. This seemed very surprising and enquiries show there

are immense variations between different parts of the country and varying social classes. Many in the older groups lost all their teeth before the National Health Service was introduced and neglect in others before the Second World War has probably contributed to many more losing them since. It is to be hoped that future surveys will show a considerable improvement and that one day the addition of fluoride to drinking water at the recommended level will secure even further improvements.

For a number of reasons no firm decision has yet been taken in the Administrative County to add fluoride to drinking water although it will be seen from the report that it has been decided to restore the level of fluoride in the localities affected to that recommended by the Department of Health and Social Security when the Ardleigh Reservoir near Colchester is brought into use.

Leaving aside opinions as to whether or not fluoride is harmful to general health it is a good example of what can be done to prevent dental decay and to promote better dental health. The advantages to be gained by the community from the provision of other services such as health visiting and health education cannot be so easily demonstrated and it is clear that a major task of the "community physician", or whatever he is to be called, of tomorrow will be to ensure that the community services receive what is colloquially known as their "due slice of the cake".

To turn to the report itself, there was no significant change in the total number of births or the birth rate although it is encouraging to note that the number of stillbirths and their rate per thousand continues to fall.

The percentage of hospital confinements continues to rise, being 80% for 1970 compared with 73.5% in 1969, and this was reflected in every Health Area.

In the nursing field plans are under consideration for introducing a new pattern of management which is likely to have a considerable impact on the nursing services as a whole.

The Committee decided during the year that a long term plan should be prepared for the development of the health visiting service which would involve the appointment of more than 130 nursing staff over a ten year period. A number of these would be ancillaries whose employment would release health visitors to undertake work more commensurate with their skills.

There have been a number of developments in connection with the problem of refuse disposal and it is encouraging to note that close and amicable discussions take place between officers of the County Council, the District Councils and the Essex River Authority particularly in regard to the disposal of toxic wastes.

Reference has already been made to the importance of the prevention of illness and because of this the greatest attention is being given to the question of expanding and improving the health education service.

In the ambulance service no major changes took place but the size of the ambulance fleet was increased to provide a greater load-carrying capacity and to reduce delays in returning patients to their homes after having received treatment. The training of ambulance staff continued apace and there are now firm hopes for establishing a regional training school in the County which will serve East Anglia.

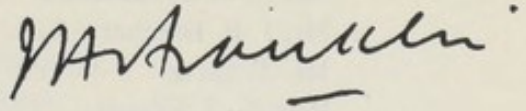
Although the Mental Health Service is now the responsibility of the Social Services Committee and the Director of Social Services I should like to draw attention to the section dealing with mental health which indicates the expansion which has taken place recently and which should provide a firm base on which to build for the future.

It is always invidious to pick out individual members of the staff for recognition but it is only proper that I should draw attention to the retirement early in 1970 of Dr. John D. Kershaw. Since the introduction of the National Health Service Dr. Kershaw had been Area Medical Officer in North-East Essex and Medical Officer of Health to the Borough of Colchester. He is well known as an expert in the public health and school health fields and in the World Health Organisation, for whom he has undertaken a number of assignments.

Finally, I wish to place on record my thanks to all the members of the County Council, particularly those who serve on the Health Committee, my Chief Officer colleagues and the staff of the other Departments of the County Council for all the help which is so willingly given. My thanks also go to the staff of my Department for the loyal and hard work they carry out in what are, unfortunately, uncertain and worrying circumstances in these days of large-scale re-organisation.

I am, Ladies and Gentlemen,

Your obedient Servant,



County Medical Officer of Health

COUNTY COUNCIL OF ESSEX

HEALTH COMMITTEE

(as at 31st December 1970)

Chairman - Alderman G. C. Waterer, B.Sc.
Vice-Chairman - Councillor Mrs. I. H. Nelson Parker

County Council Members -

Aldermen -

F. W. Aylmore
*Mrs. F. L. Coker
*Brig. T. F. J. Collins, C.B.E., D.L.
J. L. M. Crofton
Mrs. M. R. Davey
A. Jones, M.B.E., J.P.
*S. Woodfull Millard
W. R. Wright, M. Inst., M.S.M.

Councillors -

D. E. Affleck
Mrs. K. M. C. Bennett
M. J. Cullen
J. J. Davidson
R. G. Fairhead
Mrs. L. I. Greenfield
P. J. Harty
J. F. Holmden, M. A.
Group Captain H. P. Johnston, O.B.E.
J. A. Mackintosh
Mrs. J. C. Martin
H. Williams
Mrs. E. I. V. Morris
W. P. O'Donoghue
R. W. Payne
H. G. Pembroke
G. A. Pickett
F. R. Prosser
W. C. Redbond
Mrs. D. C. Reed
Mrs. E. M. Tuck
Brig. J. C. B. Wakeford, C.M.G., C.Eng., F.I.C.E., F.I.Mech.E., M.Inst.T.
R. A. Wale, F.S.V.A.

Other Members -

Mrs. C. D. Adams
Mr. A. C. Alen
Mr. F. E. G. Andrews
Mr. J. F. Beecher
Mr. T. Dove
Brig. F. S. Eiloart, O.B.E.
Dr. S. C. Emerick
Miss E. M. Leggatt
Mrs. L. M. Scott
Mrs. A. M. Smith
Mrs. D. M. M. Stieber
Mr. L. B. Wickes

*Ex-officio Member

STAFF OF THE HEALTH DEPARTMENT

(as at 31st December 1970)

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 Officer:
Elizabeth M. Sefton, M.R.C.S., L.R.C.P., D.C.H., D.P.H.

Medical Officers:
*Lilian Bates, M.D. (Paris) D.P.H.
*B. Matheson, M.B., Ch.B., D.P.H.

Consultant Audiologist:
*A. N. Cammock, B.A., B.M., B.Ch., D.L.O.

Chief Dental Officer:
J. C. Timmis, L.D.S., R.C.S., D.D.P.H.

Chief Nursing Officer:
Miss J. F. Carre, S.R.N., S.C.M., Q.N., H.V.Cert.

†District Nurse Tutor:
P. Harvey, S.R.N., Q.N.

County Home Help Organiser:
Mrs. C. A. Wilby, M.I.H.H.O.

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

Assistant County Health Inspector:
W. J. M. Hodgkins, 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

*Part-time Officer
†Part-time Post

Assistant County Ambulance Officer:
J. R. Peacham

County Psychiatric Social Worker:
K. E. Jones

Organiser of Training Centres:
Mrs. L. Secker

County Chiropodist:
L. C. G. Borsberry, M.Ch.S., M.R.S.H., S.R.Ch.

County Health Education Officer:
C. E. Williams

Assistant County Health Education Officer:
G. H. White

Technical Assistants:
N. S. Palmer
C. E. Mansfield

Health Suite Nurses:
Mrs. B. Floyd, S.R.N.
Mrs. D. Sumter, S.R.N.

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

Chief Administrative Officer:
E. W. Amos

Principal Administrative Officers:
D. C. Parker
D. P. Flatt, A.R.S.H.
R. W. Kirby, D.M.A.
C. E. Boden, D.M.A.

Administrative and Clerical Staff:
54 Whole-time and 1 Part-time

*Part-time Officer

2. CENTRALLY ADMINISTERED SERVICES

Ambulance Service:

Training Officer	1
Area Superintendents	4
Control Supervisor	1
Controllers	5
Assistant Controllers	4
Control Operatives	10
Station Officers	4
Clerk Telephonists	8
Head Drivers	26
Driver Attendants	313
Transport Officers	6

Mental Health Service:

Area Psychiatric Social Workers	3
Senior Mental Welfare Officers	4
Mental Welfare Officers	27
Trainee Mental Welfare Officers	11
Training Centre Supervisors/Managers	12
Training Centre Senior Assistant Supervisors/Instructors	8
Training Centre Assistant Supervisors/ Instructors	79
Trainee Assistant Supervisors	1
Sheltered Workshop Manager	1
Sheltered Workshop Instructors	2
Hostel Wardens	6
Hostel Deputy Wardens	5
Hostel Matrons	3
Hostel Assistant Wardens	22.3

3. MEDICAL OFFICERS OF HEALTH OF AUTHORITIES WITH DELEGATED POWERS

Colchester M.B.C.	*M. Bush, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., 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	*M. Bush, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H.
Mid-Essex	*J. A. Slattery, 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	*A. Afnan, M.D., D.P.H., D.L.O., L.A.H.
Harlow	*I. Ash, M.D., D.P.H.
Thurrock	*T. D. Blott, B.Sc., M.B., B.S., D.P.H.

5. DELEGATED AND DECENTRALISED SERVICES

	Establishment	No. employed (equivalent) whole-time
Administrative and Clerical	171.5	166.5
Area Dental Officers	8.0	8.0
Area Health Education Officers	4.0	2.0
Chiropodists	40.0	30.6
Clinic Clerks	52.02	51.3
Day Nursery Matrons	6.0	6.0
Day Nursery Deputy Matrons	6.0	6.0
Day Nursery Wardens	6.0	6.0
Day Nursery Nurses and Assistants) Day Nursery Students†)	35.0	33.0
Dental Hygienist	1.0	-
Dental Officers	40.0	34.1
Dental Surgery Assistants	49.0	39.0
Dental Auxiliaries	8.0	5.3
Home Helps	-	675.0
Home Help Organisers	28.0	27.5
Health Visitors, Tuberculosis Visitors	176.0	166.5
Ancillary Nurses	51.7	48.2
Medical Officers	42.62	35.93
Mental Welfare Officers	6.0	6.0
Midwives, Home Nurse/Midwives and Home Nurses	348.0	336.0
Non-Medical Supervisors of Midwives and Superintendent of Home Nurses and Assistants	9.0	8.0
Occupational Therapist	1.0	-
Superintendent Health Visitors and Assistants	9.0	7.0
Training Centre Supervisors	2.0	2.0
Training Centre Assistant, Supervisors and Instructors	20.0	20.0

†3 students equivalent to 1 nursery nurse

*Part-time Officer

SECTION I – STATISTICAL

As requested by the Department of Health and Social Security certain vital statistics relating to mothers and infants are given below. The statistics for 1968 and 1969 are also given for comparative purposes:-

	1968	1969	1970
Live Births			
Number	20,246	20,169	19,731
Rate (per 1,000 population)	17.9	17.5	16.7
Percentage registered as illegitimate	5.5	4.9	5.1
Stillbirths			
Number	248	228	211
Rate (per 1,000 total births)	12.1	11.2	10.6
Total Births (live and still)	20,494	20,397	19,942
Infant Mortality			
Number of deaths under 1 year	295	271	297
Rate per 1,000 live births (all infants)	14.6	13.4	15.1
Rate per 1,000 live births (legitimate infants)	14.2	13.1	14.5
Rate per 1,000 live births (illegitimate infants)	20.7	19.3	26.0
Neonatal (first four weeks) mortality rate	9.9	9.6	10.1
Early neonatal (first week) mortality rate	8.6	7.9	8.8
Perinatal (stillbirths and first week) mortality rate	20.6	19.0	19.3
Maternal Mortality (including abortion)			
Number of deaths	2	5	2
Rate per 1,000 total births	0.10	0.25	0.10

Most of these statistics are commented upon elsewhere in this report. In Table I will be found 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 III. Table IV gives the age distribution of deaths in each County District and Health Area. As mentioned in previous reports, the vital statistics given for 1964 and earlier years are not exactly comparable with those for later years. The remainder of this section is devoted largely to a discussion of the figures in Tables I - IV.

Population

The Registrar General's estimated mid-1970 population of the Administrative County was 1,178,730 compared with 1,149,980 in 1969 and 1,129,870 in 1968 an increase in the last year of 28,750 compared with 20,110, 27,020 and 25,170 in the three previous twelve month periods.

The natural increase of population in 1970 was 8,066 compared with 8,365 in 1969, 8,696 in 1968 and 9,290 in 1967 and net migration may be estimated at about 20,700 compared with 11,750, 18,300 and 15,900 in the three previous periods. Compared with recent years gains in population due to migration were about average in the Urban Districts of Brentwood, Canvey Island, Harlow, Thurrock and Witham. Braintree Rural District suffered a net loss of population due to the run down of the Wethersfield U.S.A.F. base.

Births

The number of live births during 1970 was 19,731 compared with 20,169, 20,246 and 20,012 in the three previous years. The live birth rate was 16.7 compared with 17.5 in 1969 and has fallen steadily since 1964 when it was 19.4. In most recent years the fall in birth rate has been less in Essex than in England and Wales but between 1969 and 1970 it fell by 0.8 per 1,000 compared with a national fall in birth rate of 0.3 per 1,000. The ratio of the local adjusted rate to that for England and Wales was 1.01 compared with 1.04 in 1969.

The birth rate fell in all Health Areas but by only a small amount in North-East Essex, Colchester and Thurrock. There remains considerable differences in adjusted birth rates within the County. In most of the South West of the County adjusted birth rates are more than 10% below the national rate. Further east, the urban districts of Basildon and Rayleigh had low rates but in Thurrock adjusted birth rates were about average, in Canvey Island about 50% above average and in the Urban District of Benfleet and in the Rural District of Rochford between 10 and 20% above average.

In the remainder of the County, adjusted birth rates were average or in most districts well above average; only in the Frinton and Walton Urban District has the rate been consistently below average in recent years.

The number of births registered as illegitimate was 1,020 (20 of which were stillborn). This is 5.1 per cent of the total number of births compared with 4.9 per cent in 1969 and 5.5 per cent in 1968. The Essex rate remained well below the national rate of 8.4 per cent.

There were 211 stillbirths during the year giving a stillbirth rate of 10.6 per 1,000 total births compared with 11.2 in 1969, 12.1 in 1968 and 13.3 in 1967. The 1970 rate is the lowest recorded in the County.

The number of premature births notified was 1,310 (120 of which were stillborn) compared with 1,249 in 1969 and 1,268 in 1968. The percentage of premature to total births was 6.6 per cent, a somewhat higher percentage than in recent years (the average for 1965-69 was 6.1). During 1965-69 only Thurrock and Colchester had percentages significantly above the remainder of the county. In 1970, the percentage of births which were premature increased sharply in North-East Essex, Mid-Essex and Thurrock as shown below:-

	Percentage of premature births
Thurrock Urban District	8.1
North-East Essex, Mid-Essex and Colchester	7.1
Remainder of County	5.8

Perinatal Mortality

The perinatal mortality rate was 19.3, slightly higher than the figure for 1969, but lower than for all previous years as may be seen from the following figures:-

1963	1964	1965	1966	1967	1968	1969	1970
25.2	25.7	22.9	21.9	23.3	20.6	19.0	19.3

No Health Area had a rate of over 23 per 1,000 births.

The perinatal mortality rates of infants of different birth weights in the last five years were as follows from which it will be seen that there was a further improvement in the survival rate of the lowest weight babies and for those between 3 lb. 5 oz and 4 lb. 6 oz:-

	2lb.3oz. or less	2lb.4oz-3lb.4oz.	3lb.5oz-4lb.6oz	4lb.7oz-4lb.15oz	5lb.-5lb.8oz.	over 5lb.8oz	All Weights
1966	910	702	284	151	74	9	22
1967	880	628	315	149	71	9	23
1968	846	645	287	108	59	9	21
1969	782	639	264	69	50	9	19
1970	727	683	203	78	47	9	19

Infant Mortality

There were 297 deaths of infants under one year of age giving an infant mortality rate of 15.1 compared with 13.4 in 1969, 14.6 in 1968 and 16.8 in 1967. In the following table, infant mortality is divided into mortality in the first week of life and later in the first year.

	1963	1964	1965	1966	1967	1968	1969	1970
Early neonatal (first week) mortality rate	10.5	10.1	9.9	9.6	10.1	8.6	7.9	8.8
Infant mortality rate after the first week	6.1	6.3	7.2	5.5	6.7	6.0	5.5	6.3
Total infant mortality rate	16.6	16.4	17.1	15.1	16.8	14.6	13.4	15.1

Mortality rose both during and after the first week. The early neonatal rate was only slightly higher than the rate in 1968 and less than that for earlier years but mortality later in the first year was above average for recent years.

When mortality after the first week in the last ten years was examined it was found that, while most county districts had rates statistically indistinguishable from the County average of 6.2, four districts (Chelmsford M.B., Benfleet U.D., Rayleigh U.D. and Rochford R.D.) had rates of less than 4 per 1,000 and four districts had high rates. The latter were Thurrock U.D. with a rate of 7.8 per 1,000, Colchester M.B. with 8.3, Clacton U.D. with 8.9 and Frinton and Walton U.D. with 12.0.

Mortality of Children

The following table sets out the number of deaths of children aged 1 year to 4 years and aged 5 years to 14 years since 1963:-

Age	1963	1964	1965	1966	1967	1968	1969	1970
1 - 4	59	60	68	55	52	54	64	66
5 - 14	56	61	57	57	56	59	57	75

The death rate of children in the lower age group was 0.74 per 1,000 children compared with 0.72 in 1969 and for those in the upper age group was 0.39 compared with 0.31. The following table shows the principal causes of death of children in the latter group in 1968, 1969 and 1970:-

	1968	1969	1970
Malignant neoplasms (including leukaemia)	6	10	16
Pneumonia	7	7	-
Congenital anomalies	5	5	8
Motor vehicle accidents	16	8	19
Other accidents	8	10	7
Remainder	17	17	25
	59	57	75

Malignant neoplasms and motor vehicle accidents were among the causes of death where increases took place in 1970.

Deaths from all causes

The number of deaths registered during the year (after adjustment for inward and outward transfers) was 11,666 giving a crude death rate of 9.9 compared with 10.3 in 1969, 10.2 in 1968 and 9.7 in 1967. When allowance is made for the different sex and age distribution of the local population

compared with England and Wales, the death rate in Essex is found to be 15 per cent below that for the country as a whole compared with 13 per cent in each of the last two years.

The number of deaths in the last five years is given by age and sex at the foot of Table IV. This shows the increase of deaths of infants and children to which reference has already been made. At adult ages the number of deaths was average at most ages but below average for men over 75 years of age and women over 65. Death rates decreased in all areas except North-East Essex. Increases in death rates occurred in a number of rural districts and in some of the smaller urban districts. The adjusted mortality rate for rural districts increased from 19 per cent to 17 per cent below the national average whereas that for urban districts (including boroughs) decreased from 11% to 13% below the national average.

Tuberculosis Deaths

Deaths from tuberculosis numbered 18 compared with 25 in 1969 and 26 in 1968. Tuberculosis of the respiratory system was responsible for 7 deaths and late effects of respiratory tuberculosis for 10. The age distribution of tuberculosis deaths in the last eight years is as follows:-

	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
1967	-	1	9	7	5	22	1	1	4	3	5	14
1968	-	-	8	5	6	19	-	-	2	3	2	7
1969	1	-	3	8	6	18	-	-	1	4	2	7
1970	-	-	4	5	3	12	-	-	3	1	2	6

Only one resident of Essex under the age of 45 has died from tuberculosis in the last three years.

Cancer Deaths

The number of deaths from cancer of the more important sites in the last five years is set out below:-

	Males					Females				
	1966	1967	1968	1969	1970	1966	1967	1968	1969	1970
Buccal cavity and pharynx	12	18	17	18	30	7	8	9	10	14
Oesophagus	24	41	38	19	40	20	19	19	20	22
Stomach	162	131	132	159	145	82	94	115	110	85
Intestines	122	121	148	162	157	167	195	192	171	167
Larynx	9	12	8	11	13	3	-	3	2	3
Lung and Bronchus	442	490	465	515	523	80	97	114	104	136
Breast	4	2	3	2	2	231	237	232	243	231
Uterus	-	-	-	-	-	71	61	75	72	66
Prostate	98	82	99	99	81	-	-	-	-	-
Leukaemia	38	36	40	51	35	17	26	24	32	30
Other sites	313	268	287	313	329	268	308	300	330	361
All sites	1224	1201	1237	1349	1355	946	1045	1083	1094	1115

The total number of deaths from cancer was 2,470 giving a cancer death rate of 2.10 per 1,000 population compared with 2.12, 2.05 and 2.04 in the previous three years. The only sites with any notable increase in the number of deaths were the mouth and pharynx for men and the lung and bronchus for women. The age distribution of cancer deaths in the last eight years is as follows:-

	Males						Females					
	0-	25-	45-	55-	65-	75-	0-	25-	45-	55-	65-	75-
1963	20	48	118	272	344	288	19	61	90	192	256	297
1964	22	53	110	279	342	291	13	77	116	189	250	287
1965	26	39	135	287	368	313	12	68	101	198	243	297
1966	26	51	132	294	419	302	14	54	118	191	265	304
1967	18	50	119	302	421	291	15	56	136	207	299	332
1968	18	47	115	303	429	325	10	40	117	235	323	358
1969	20	49	119	363	366	332	11	72	111	252	306	342
1970	19	50	103	327	501	355	20	66	145	239	326	319

The number of deaths from cancer was above average for girls and young women under 25, for women between 45 and 55 and for men over 65. The increase for middle aged women was principally due to cancer of the breast and intestines. By contrast, in the same age group, fewer men than usual died of cancer.

Deaths from Diseases of the Circulatory System

The following table shows the number of deaths in the last three years:-

	Males			Females		
	1968	1969	1970	1968	1969	1970
Chronic rheumatic heart disease	35	38	47	85	108	84
Hypertensive disease	66	74	79	113	116	101
Ischaemic heart disease	1,626	1,609	1,630	1,154	1,192	1,047
Other forms of heart disease	253	218	207	349	285	304
Cerebrovascular disease	636	715	659	998	1,029	1,019
Other diseases of circulatory system	199	229	224	220	265	276
	2,815	2,883	2,846	2,919	2,995	2,831

Total deaths in this group, which is responsible each year for about half the overall mortality, numbered 5,678 giving a death rate per 1,000 population of 4.82 compared with 5.12 in 1969 and 5.07 in 1968. There was little change in the number of male deaths but a marked fall in female deaths, especially from ischaemic heart disease. From the following figures it will be seen that the fall in ischaemic heart disease deaths was principally among women over 65 and there was some increase in men under 55:-

Year	Males					Females				
	0-	45-	55-	65-	75-	0-	45-	55-	65-	75-
1968	39	142	342	547	556	9	19	79	303	744
1969	41	145	372	537	514	5	20	108	317	742
1970	44	163	345	534	544	3	24	91	283	646

The age distribution of cerebrovascular deaths was as follows:-

Year	Males					Females				
	0-	45-	55-	65-	75-	0-	45-	55-	65-	75-
1968	15	17	84	165	355	7	25	69	198	699
1969	12	25	82	200	396	13	23	63	159	771
1970	7	19	70	185	378	10	28	61	198	722

Deaths from Diseases of the Respiratory System

There were 34 deaths from asthma in 1970 compared with 31 in 1969 and 30 in 1968. Details of deaths from other respiratory diseases in the last eight years are set out below:-

	1963	1964	1965	1966	1967	1968	1969	1970
Influenza	34	15	52	43	11	199	125	153
Pneumonia	832	616	772	735	727	919	906	956
Bronchitis	539	477	464	539	496	505	540	466
Other respiratory disease	99	91	92	100	75	141	112	129
Total	1,504	1,199	1,380	1,417	1,309	1,764	1,683	1,704

There were more deaths from influenza in 1970 than in 1969 but fewer than in 1968; however, the 1969/70 outbreak produced many more deaths of younger people deaths of persons under 65 years numbering 15 in 1968, 26 in 1969 and 37 in 1970.

The age distribution of deaths from pneumonia and bronchitis for the last six years is given below:-

Cause	Year	Males					Females				
		0-	45-	65-	75-	Total	0-	45-	65-	75-	Total
Pneumonia	1965	43	33	72	218	366	33	22	64	287	406
	1966	29	26	60	184	299	16	22	72	326	436
	1967	46	22	50	206	324	29	18	64	292	403
	1968	32	40	75	259	406	27	21	71	394	513
	1969	32	45	88	283	448	19	29	62	348	458
	1970	24	38	102	256	420	27	30	86	393	536
Bronchitis	1965	11	55	131	149	346	5	20	28	65	118
	1966	14	87	148	138	387	6	13	50	83	152
	1967	7	80	138	153	378	8	14	38	58	118
	1968	1	65	184	158	408	3	16	27	51	97
	1969	2	82	166	171	421	4	20	40	55	119
	1970	2	69	136	158	365	5	16	31	49	101

The number of deaths attributed to pneumonia was 956 compared with 906 in 1969, and 919 in 1968. There were more deaths than usual in the 65-74 age group. The number of deaths from bronchitis was below average. The number of deaths of children under one year from pneumonia was 30, giving an infant mortality rate from the disease of 1.5, the same rate as in the two previous years.

Maternal Deaths

There were two maternal deaths in 1970, neither of which was due to abortion, giving a maternal mortality rate of 0.10 compared with 0.25 in 1969, 0.10 in 1968 and 0.15 in 1967. The national rate was 0.18.

Accidental Deaths and Suicide

The number of deaths from accidents and suicide in the last eight years is as follows:-

	1963	1964	1965	1966	1967	1968	1969	1970
Motor vehicle accidents	110	128	141	148	137	136	145	167
Other accidents	218	209	158	199	157	183	215	251
Suicide	118	109	98	79	101	91	70	84

The number of deaths in 1970 following both motor vehicle and other accidents was the highest for at least a decade. The number of suicides was higher than in 1969 but not unduly high.

The age distribution of deaths from motor vehicle accidents in the last five years is given below:-

	Males						Females					
Year	0-	15-	25-	45-	65-	Total	0-	15-	25-	45-	65-	Total
1966	11	33	25	24	22	115	6	5	5	7	10	33
1967	7	29	26	15	24	101	8	7	3	5	13	36
1968	14	38	15	15	20	102	3	2	5	11	13	34
1969	10	21	23	30	21	105	4	7	10	6	13	40
1970	18	28	19	33	22	120	10	6	5	4	22	47

The increased number of such deaths occurred principally among children, middle-aged men and elderly women. For other types of accident the age distribution is as follows:-

	Males						Females					
Year	0-	15-	25-	45-	65-	Total	0-	15-	25-	45-	65-	Total
1966	11	15	19	26	26	97	8	-	9	7	78	102
1967	16	11	9	17	32	85	5	2	6	7	52	72
1968	11	11	14	17	33	86	14	-	6	10	67	97
1969	20	15	15	13	32	95	7	1	1	13	98	120
1970	20	7	18	24	53	122	6	6	3	8	106	129

The largest increase in "other" accidental deaths was in men over 65, but there were also increases among women of the same age and men between 45 and 65.

Morbidity

The number of new claims for sickness benefit received in the 52 weeks ended 29th December 1970 at local offices of the Department of Health and Social Security in the Administrative County was 173,739. The Rayleigh Office of the Department was closed in June 1970 and the work transferred to Southend and for a valid comparison with past years the estimated number of claims so transferred needs to be added. The figure of 179,350 so obtained is used in the following comparison:-

	1966	1967	1968	1969	1970
Number of claims	154,124	154,739	176,763	192,553	179,350
Claims per 1,000 population	143	140	156	167	152

The following table gives the average number of claims per week in each quarter of the last five years:-

Year	Jan-March	April-June	July-Sept.	Oct.-Dec.
1966	4,249	2,686	2,031	3,003
1967	3,386	2,580	2,360	3,634
1968	5,336	2,734	2,310	3,417
1969	4,965	2,845	2,527	4,637
1970	5,529	2,886	2,454	3,131

The number of new claims for sickness benefit was above average for the first three quarters of the year and especially in the March quarter which included part of the 1969-70 influenza outbreak. The number of claims was below average in the December quarter.

SECTION II - GENERAL

STAFF

Combined Medical Service

Dr. John D. Kershaw, who since July 1948 had been Area Medical Officer in North-East Essex and Medical Officer of Health to the Colchester Borough Council, retired on 14th March 1970 and was succeeded by Dr. M. F. H. Bush, formerly Deputy Medical Officer of Health to the County Borough of Ipswich.

On 1st May 1970 Dr. J. A. Slattery succeeded Dr. J. L. Miller Wood as Area Medical Officer, Mid-Essex Health Area and Medical Officer of Health, Chelmsford Borough Council, Dr. Miller Wood having retired at the end of April after 15 years service in the post. Dr. Slattery had been Area Medical Officer in the West Essex Health Area and Medical Officer of Health to the Saffron Walden Borough and Rural District Councils since September 1968. The vacant combined post in West Essex and Saffron Walden was filled by the appointment of Dr. A. Afnan, formerly an Area Medical Officer with the Norfolk County Council, who was also appointed as Medical Officer of Health to the Waltham Holy Cross Urban District Council, a post which became vacant by the early retirement of Dr. H. Franks.

Dental Staff

Mr. J. C. Timmis, Chief Dental Officer, was successful in obtaining the Diploma in Dental Public Health, having been seconded to attend a course of study arranged by the Dental Schools of the University of London. Arrangements were approved for one area dental officer or dental officer to be selected each year and be granted paid leave of absence and financial assistance to attend similar courses of study leading to this award.

A post of orthodontist on the staff of the Central Office of the Department was created and arrangements for filling the vacancy were being made at the end of the year.

Health Visiting, Midwifery and Nursing Staff

A new post of principal nursing officer on the staff of the central office of the Department was created during the year. In addition, an assistant area superintendent health visitor was appointed in North-East Essex/Colchester Borough, Mid-Essex and West Essex and an assistant superintendent of home nurses/assistant non-medical supervisor of midwives was appointed for Mid-Essex and for North-East Essex/Colchester. Similar appointments will be made in the other Health Areas and in the Urban District of Basildon as soon as the financial situation permits.

The Council's approved proposals for the health visiting service, made under Section 24 of the National Health Service Act, 1946, provide for an eventual establishment of one whole-time health visitor to every 4,000 of the population. Owing to the national shortage of qualified health visitors the Council had been unable to achieve a ratio of less than one health visitor to every 5,000 of the population at 31st March 1970.

The Council's approved staffing ratio for domiciliary midwives is basically one whole-time officer for every 66 home confinements in urban areas and one for every 40 in rural areas, whilst for home nurses the establishment is assessed on the total population weighted according to the number of aged persons in each area. At 31st March 1970 the home nursing and midwifery service had a combined establishment of 353 posts. The fluctuations in demands made upon this service are met, so far as is practicable, by employing a large number of home nurse/midwives who are able to undertake duties in both services.

In consequence of the receipt of former Ministry of Health Circular 12/65 relating to recommendations of a sub-committee appointed by the Standing Nursing Advisory Committee for the development of the local authority nursing services and the use of ancillary help an extensive survey of the health visiting service was undertaken and a plan for the development of this service was approved in principle. The survey also covered the work of the home nursing and midwifery service which revealed that some work could be undertaken by non-nursing auxiliaries.

So far as the health visiting service is concerned, it was decided in principle to increase the establishment by 126 health visitors and 10 ancillary nurses over a period of ten years commencing from April 1970 which would result in the appointment of 298 health visitors and 60 ancillary nurses by 1980, which would approximate to 1 in 4,000 of the estimated population at that time.

The formula used in determining the number of domiciliary midwives required was revised to allow one 48-hour hospital early discharge case to be regarded as the equivalent of two cases discharged later - previously four early discharge cases were regarded as equivalent to one domiciliary midwifery case whether or not the patients were discharged from hospital during the first 48 hours or later. As from the 1st April 1970 therefore the establishment was increased by five whole-time posts of midwife and it was decided that as and when vacancies occur State Enrolled Nurses should be appointed for up to 40 per cent of the home nursing establishment and district auxiliaries (who would be required to carry out simple nursing procedures) should be appointed for up to 20 per cent of the establishment.

Nineteen of the 20 candidates who had been sponsored by the County Council for a year's course of health visitor training were successful in obtaining the Health Visitors Certificate of the Council for the Training of Health Visitors. It was decided that the form of undertaking required to be signed by student health visitors accepted for sponsorship be amended so as to reduce the period of service to the County Council after qualification from two years to one year.

During the year in-service training courses were held for State Enrolled Nurses and District Auxiliaries.

Transport for Staff

832 officers, mainly health visiting, midwifery and nursing staff, whose duties require them to undertake a considerable amount of travelling, were, at the end of the year, using motor transport in connection with their official duties as follows:-

County Cars	157
Privately-owned vehicles	675

During the year 22 loans were granted under the County Council's assisted car purchase scheme to enable officers to purchase privately-owned cars for use in connection with their duties.

Refresher and Other Courses

Details are set out in Table VII of staff who attended refresher and other courses of study during the year.

LABORATORY SERVICE

Details of samples submitted to the Public Health Laboratories at Chelmsford, Southend-on-Sea, Cambridge and Ipswich were as follows:-

Milk	3,969
Milk containers (bottles, churns etc.)	836
Milk tankers and dairy plant (swabbing)	246
Ice Cream and Lollies	1,104
Water	1,330
Shellfish	96
Other food	2,157
Urine and faeces	105
Miscellaneous	91

These laboratories are an invaluable link in the bacteriological control of our food and water supplies, and their full co-operation at all times is gratefully acknowledged.

WATER SUPPLIES

Consequent upon ever-growing industry and population the provision of adequate water supplies to the County of Essex has long been of concern to the Government, the County Council and, of course, to the water undertakings themselves. From small beginnings the realm of water administration and supply has undergone many changes particularly in recent years. Small undertakings have merged with others to form larger bodies. River authorities with the Water Resources Board at their head have emerged and assumed key positions and large schemes undreamed of in the distant past have been designed for importing water into the County.

The year 1970 was average so far as rainfall was concerned and the water authorities experienced no difficulty in maintaining supplies.

The South Essex Waterworks Company, already the largest water undertaking in Essex in accordance with the provisions of the Essex Water Order 1970, with ramifications stretching from the Stour to the Thames, amalgamated with the Southend Waterworks Company and assumed the title of the Essex Water Company on 1st July 1970. Under the same Order the water undertakings of the Borough of Maldon, the Urban District Councils of Burnham-on-Crouch and Witham and the Rural District Councils of Chelmsford and Maldon were transferred to the Company on 1st April 1971 and under a further Order the water undertaking of the Chelmsford Borough Council was also added to the Company on that date. The consumption of water within the enlarged area of supply of this Company, which includes a part of Greater London, reached an average of 63.2 m.g.d. with a peak consumption of 79 million gallons. Average daily water consumption for the administrative County during the year was about 74.5 million gallons. Domestic consumption averaged 36.3 gallons per person per day.

Satisfactory progress was maintained on Stage I of the Ely-Ouse scheme which is expected to come into full operation in 1971. This scheme, which is being undertaken by the Essex River Authority, will enable surplus water to be transferred from the Ely-Ouse into the head waters of the Stour and the Blackwater. This stage involving considerable works estimated to cost approximately £10 million will make additional water available in the first instance to the newly-created Essex Water Company and will result in the combined yield of the Abberton and Hanningfield Reservoirs being increased by 24 m.g.d. Works costing a further £10 million on behalf of the Company to enable the water to be utilised were approaching completion at the end of the year.

The Southend Waterworks Company in mid-year (just before the formation of the Essex Water Company) completed the enlargement of the treatment works at Langford with a capacity of 12 m.g.d., while the construction of an additional treatment works at Layer-de-la-Haye and the triplication of the Stour trunk main which has been taken over by the new Company had reached an advanced stage by the end of the year.

The construction of the Cattawade Barrage by the Essex River Authority was progressing satisfactorily. This scheme will make further supplies available to the Essex Water Company when they have completed works, including the necessary intake, pumping station and pipeline, for delivery of water to their Ardleigh Reservoir.

Work on the Great Ouse Water Authority scheme, in which the Lee Valley Water Company are involved, continued apace and entered its final stages. Water from the Grafham Works of the Authority was first introduced into the Company's distribution system in August 1969 and Ouse water is being pumped southwards for use in Hatfield, Potters Bar and the surrounding areas. A 27" trunk main is being constructed from Bulls Green to Sacombe which, together with a reservoir of 6.9 million gallons at Rye Hill, will enable water from Grafham to flow eastwards also to assist in maintaining adequate supplies in the Harlow and Epping zones. This section of the scheme is expected to be completed by early 1971.

The Company's schemes involving the development of a new bore hole at Uttlesford Bridge, which will yield 2.5 m.g.d. and the construction of a new reservoir at Sibleys, which will augment supplies in the Saffron Walden and Dunmow areas from the end of 1971 were in progress. These schemes result from the increasing demand on local sources in those areas which has reached a point of some urgency.

To meet its growing water demands the Company is also participating jointly with two other water undertakings in a scheme which is the subject of the Three Valleys Water Order, which will result in 70 m.g.d. being abstracted progressively from the River Thames, of which the Company's share will be 10 m.g.d. Work on this scheme commenced early in 1971.

In the north-east of the County the Ardleigh Reservoir Scheme, which will have a capacity of 520 million gallons, is of note. Fed from the River Colne it is being constructed jointly by the Tendring Hundred Waterworks Company and the Colchester Water Board and had reached an advanced stage by the end of the year. With this scheme and the Company's existing resources, which include three boreholes in Suffolk, they are satisfied that they have taken care of their needs over the next decade. When the need does arise it will be to the Essex River Authority that they will look for further supplies, probably from Stage II of the Ely-Ouse scheme.

With all the efforts that have been made on the part of the responsible authorities, whose activities can never relax, to ensure adequate and wholesome water supplies for the insatiable thirst of the population and industry it was alarming to learn during the year that the Water Resources Board have estimated that the demand for water in this country will double by the end of the century.

Desalination may well play a part in solving the water supply problems of the future. It has already been the subject of considerable research but at the present time the cost of water so obtained is much greater than by conventional means. While there is the possibility of an experimental secondary refrigerant plant being sited near Ipswich and the Wash being used for storage either by construction of a barrage across it or comparatively small reservoirs within its area the Essex River Authority are undertaking experiments into purifying sewage effluent which may prove a cheaper source of industrial water than river supplies which have to be carried over long distances. The Essex Water Company have also been conducting experiments at the disused Langford Works to see to what degree this effluent can be purified.

Fluoridation

Early in the year the County Council decided that whilst it was not considered expedient at that time to take any decision as to the policy to be adopted on the question of the addition of fluoride to the public water supplies in Essex generally, having regard to the financial situation, arrangements should be made for the fluoridation of the water to be supplied from the Ardleigh Reservoir to the level appropriate for the prevention of dental decay.

The decision in relation to this reservoir was taken with a view to maintaining the level of fluoride which had previously existed in the public water supplies in those areas which in future would be supplied with water from this reservoir. Negotiations are at present proceeding with the water undertakings with a view to the provision, installation and operation of the necessary plant for the fluoridation of supplies on the basis of the full cost being reimbursed by the County Council.

RURAL WATER SUPPLIES AND SEWERAGE

Approved schemes of water supply and sewerage attract 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 1970 amounted to £105,291.

During the year the following schemes were submitted for the County Council's observation for use by the District Councils in making application to the Ministry:-

Water Supplies

District	Scheme	Estimated Cost £
Colchester and District Water Board	Water main extension Great Horkesley	1,314
Colchester and District Water Board	Water main extension Fairy Hall Lane, Rayne and Queenborough Lane, Braintree	3,945
Sewerage		
Frinton and Walton U.D.C.	Kirby-le-Soken, Gt. Holland and Vista Ave. Sewerage and Sewage Disposal	59,537
Braintree R.D.C.	Bradwell and Stisted Sewerage and Sewage Disposal (amended from 1963)	112,000
Chelmsford R.D.C.	River Wid Sewerage	400,000
Dunmow R.D.C.	Hatfield Heath Sewage Disposal	181,510
Dunmow R.D.C.	Takeley Sewerage and Sewage Disposal	178,850
Epping & Ongar R.D.C.	Hastingwood Sewerage and Sewage Disposal	108,318
Lexden & Winstree R.D.C.	Great & Little Wigborough Sewerage and Sewage Disposal	20,533
Saffron Walden R.D.C.	Surface Water Drainage Stansted (Western Area)	27,000
Tendring R.D.C.	Gt. Bromley and Frating Sewerage (1968) Extensions	
	(a) Frating Caravan Park	4,150
	(b) "Black Boy" area, Gt. Bromley	6,500

In certain circumstances, under the Rural Water Supplies and Sewerage Acts, 1944-1965, schemes in urban areas are considered for grant, accounting for the inclusion above of the last mentioned portion of the Fairy Hall Lane,

Rayne and Queenborough Lane, Braintree water main extension scheme and the Frinton and Walton Urban District Council's Kirby-le-Soken/Great Holland & Vista Avenue Sewerage and Sewage Disposal Scheme.

Such has been the progress made in the provision of water mains over the years that water schemes generally concern extensions to serve more isolated dwellings and new development.

As in the past sewerage presents a picture varying from district to district. If anything progress made by the Rural District Councils in 1970 was a little less than in 1969. Eleven schemes were completed during the year, notably the Panfield and Rayne Scheme (Braintree Rural District Council), the Wormingford and Layer-de-la-Haye schemes (Lexden and Winstree Rural District Council), the Hempstead, Great Sampford and Radwinter scheme (Saffron Walden Rural District Council) and the Steeple, Little Totham and Tolleshunt Major schemes (Maldon Rural District Council).

The six sewerage schemes in progress and not completed by the end of the year, excluding extensions of existing schemes, included the following:- Great Bromley and Frating (Tendring R.D.C.), Steeple Bumpstead and Helions Bumpstead (Halstead R.D.C.) and Stock (Chelmsford R.D.C.).

All authorities have schemes anticipated to commence in 1971 notably the Saffron Walden Rural District Council with four schemes including the Elsenham, Henham and Ugley scheme and the enlargement of the Stansted Sewage Works. The Maldon and Rochford Rural District Councils have no schemes envisaged for 1972. Thereafter the position understandably becomes less clear. From 1972 onwards the Epping and Ongar Rural District Council have no firm programme and the Dunmow Rural District Council has made such progress that no further schemes are envisaged at the present time. For several authorities the position is within sight when only hamlets and areas of scattered development remain which cannot be economically sewered.

Existing sewage works need to be remodelled or enlarged from time to time. While only two works are featured in the Rural District Councils, programmes for 1970 no less than 8, as follows, are scheduled for 1971:-

White Notley, Thorrington, Tollesbury, Hatfield Heath, Takeley, Stansted, Ingatestone and Dedham.

Work on the Halstead Rural District Council's central sludge treating plant at Sible Hedingham is expected to commence in September 1971.

Restriction on Development due to Sewerage difficulties

In the following areas all planning permissions require the concurrence of the County Planning Committee:-

Area		District/Parish
North-East		Mistley Manningtree Lawford Bradfield Parkeston Ardleigh Thorrington Elmstead Alresford Great Bentley
West		Widdington Clavering Henham Elsenham
Mid		Kelvedon Coggeshall Ramsden Heath Tollesbury Wickham Bishops Gt. Totham Gt. and Lt. Braxted
Under consideration	-	Southminster
Thameside		Rochford Rural District (on part draining to Gt. Stambridge Works) Rayleigh Urban District Council development drainage via Watery Lane Pumping Station

In the following localities in North-East Essex large scale development requires the concurrence of the County Planning Committee:-

Little Clacton
Thorpe-le-Soken
Wivenhoe

MILK AND DAIRIES

Milk & Dairies Regulations and the Milk (Special Designation) Regulations, 1963)

The following licences were renewed on 31st December 1970 for a five year period:-

Dealers (Pre-packed)	489
Dealers (Pasteurised)	4
Dealers (Sterilised)	2
Dealers (Untreated)	1
	496

Processing Dairies

One pasteurising dairy, at Witham, closed during the year.

The use of non-returnable plastic milk bottles commenced at one pasteurising plant. These are quart-sized, are moulded at the dairy, and are virtually sterile. Whilst they eliminate noise and the damage from broken glass, concern has been expressed in some quarters over the disposal difficulties that would arise if this type of container became the standard milk bottle of the future. It is too early to judge whether the plastic bottle will eventually replace the glass product.

A total of 209 pasteurised and 70 sterilised samples were obtained from dairies licensed by the County Council, of which one pasteurised sample failed the Methylene Blue Test.

The efficiency of cleansing routines for bottles, churns, dairy plant and bulk tankers was regularly checked, as shown:-

	Satisfactory	Unsatisfactory
No. of washed bottles examined	172	38
No. of washed churns examined	189	33
No. of bulk tanker swabs examined	88	25
No. of dairy plant swabs examined	109	24

It is apparent therefore that even with modern methods of cleaning and improved chemical agents, great care by plant operatives in the dairy industry is still necessary to achieve good bacteriological results.

Sampling in the Course of Distribution

No. of samples		Grade	Appropriate Test	Passed		Failed		Void	
1,542	(1,456)	Pasteurised	Methylene Blue	1,408	(1,309)	98	(85)	36	(62)
			Phosphatase	1,540	(1,454)	2	(2)	-	(-)
140	(117)	Untreated	Methylene Blue	107	(102)	27	(6)	6	(9)
79	(86)	Sterilised	Turbidity Test	79	(86)	-	(-)	-	(-)
169	(133)	Ultra Heat Treated	Colony Count	168	(133)	1	(-)	-	(-)

(1969 figures in parenthesis)

Milk in Schools Scheme and Sampling from Residential Establishments and Training Centres etc.

Total samples	356
Satisfactory	324
Unsatisfactory	29
Void	3

Brucellosis

A total of 243 samples of untreated milk were examined for the presence of brucella abortus and 4 samples gave positive results.

The number of dairy farms within the Brucellosis (Accreditied Herds) Scheme at the end of the year was 103 and the number of dairy farms within the Brucellosis Incentive Schemes was 102.

The Accredited Herds Scheme is being replaced by an Incentive Scheme offering payment for healthy herds instead of compensation for certain reacting animals. These incentives are in the form of a gallonage premium on milk.

Tuberculosis

29 samples of untreated milk were examined for the presence of tuberculosis bacilli. All proved negative.

Antibiotics

138 samples of milk were examined for the presence of antibiotics. Only 1 sample was found to be positive.

Ice-Cream and Ice-Lollies

Bacteriological examinations were made on 1,060 ice cream samples and 44 ice lollies, the results being as follows:-

Ice-Cream		Ice-Lollies	
Grade I	802	Satisfactory	44
Grade II	124	Unsatisfactory	-
Grade III	97		
Grade IV	37		
	1,060		44

REFUSE DISPOSAL

In 1970, five new consents were issued under Section 46 of the Essex County Council (Canvey Island Approaches Etc.) Act, 1967 for the disposal of solid refuse, relating to areas totalling 258 acres. Four of the sites were disused gravel pits and the remaining area a former clay pit.

38 consents have now been granted under this Section. Conditions of consent designed to ensure that tips are properly operated are agreed with the district council concerned, following consultations with the River Authority and the statutory water undertakings.

No new consents for the disposal of liquid or toxic wastes were issued. All such wastes are disposed of in trenches on three Thameside refuse tips, which are used principally for the tipping of solid refuse from Greater London.

The Report on the Disposal of Solid Toxic Wastes was issued during the year and meetings have already been held with officers of district councils concerned and the Essex River Authority to discuss the implementation of the Report and future action with regard to the disposal of both solid and liquid toxic wastes in Essex. It is difficult to establish the exact quantities of liquid trade waste now discharged into Thameside refuse tips, but it is known to be several million gallons a year. The Essex River Authority has agreed to finance and carry out a geological survey of these tipping areas to assess their suitability for continued use. Similar surveys (to be carried out at the applicant's expense) will be a requirement before any further sites are approved for toxic waste disposal. This is to ensure that underground water is not endangered.

There are 62 other refuse tips in the County not requiring consent under the 1967 Act, but nearly all are inspected periodically to check that conditions are reasonably satisfactory.

A total of 516 inspections of refuse tips was made during the year.

The Liaison Committee established by the County Council and County District Councils to discuss, inter alia, matters of mutual interest, examined during the year the problems of litter and unauthorised dumping of rubbish and sought a common policy for the clearance of such sites.

Following the lead in South-East Essex, waste disposal panels were formed in Mid, North-East and West Essex to discuss possible future joint schemes for refuse disposal. These panels are composed of both District Council and County Council Officers, as well as representatives from other authorities.

The control of refuse disposal after local government reorganisation remains a controversial issue, but it is accepted that co-operation between authorities may achieve economies by combined tipping arrangements and will help to ensure that unsuitable sites are not used for refuse disposal.

The waste disposal panels are therefore helping each authority to decide on their future disposal sites and methods of disposal having regard to the proposals of neighbouring authorities rather than taking their decisions in isolation.

The availability of suitable tipping sites varies greatly from district to district. Several authorities are now obliged to tip outside their own areas because of a shortage of tip sites, but it is estimated that there are generally sufficient sites in the county to permit controlled tipping to continue in most areas for several decades.

There are no large scale incinerating or pulverising plants operating in Essex and all refuse is disposed of by tipping into excavated or low-lying sites.

RURAL HOUSING

During the year rural district councils continued to encourage the improvement of dwellings by way of grant and their efforts can be deduced from the following table which includes, in brackets, comparative figures for 1969.

The amounts of grant made by the respective rural authorities throughout the year and the numbers of dwellings concerned are as follows:-

Rural District	No. of Dwellings		Grants Paid	
			£	
Braintree	19	(41)	8,561	(10,547)
Chelmsford	69	(27)	26,887	(2,928)
Dunmow	54	(31)	17,274	(6,904)
Epping & Ongar	61	(45)	17,964	(9,974)
Halstead	18	(12)	7,169	(4,053)
Lexden & Winstree	66	(87)	16,443	(17,966)
Maldon	45	(42)	19,609	(12,296)
Rochford	33	(21)	8,061	(816)
Saffron Walden	101	(71)	24,891	(19,051)
Tendring	71	(61)	17,644	(10,555)

It will be seen that, with two exceptions, there are considerable increases in the numbers of dwellings concerned and the amounts of grant paid. Both are undoubtedly a result of the more generous financial assistance made available to house owners under the Housing Act, 1969 with increased building costs reflected in the sums concerned.

The majority of owners continue to effect repairs of their own accord, and it says much for local authorities' persuasive powers that the majority of unfit houses repaired are as a result of informal action. Formal closure or demolition under the Housing Act, 1957 remains the last resort for those dwellings incapable of being rendered fit at reasonable expense. The rural authorities' progress in these categories of housing is given in the following table:-

UNFIT DWELLING - HOUSES REPAIRED, CLOSED OR DEMOLISHED

Rural District Council	Houses made fit and houses in which defects were remedied	Houses Closed	Houses Demolished
Braintree	38	5	56
Chelmsford	26	1	5
Dunmow	4	1	1
Epping & Ongar	55	10	2
Halstead	150	10	14
Lexden & Winstree	80	4	2
Maldon	87	15	18
Rochford	6	4	4
Saffron Walden	36	18	2
Tendring	72	5	22
	554	73	126

In 1969 the Halstead Rural District Council, due to staffing difficulties, did not complete their returns so far as the first two categories are concerned and consequently the fact that this Council has the highest total of houses rendered fit and in which defects were remedied during 1970 is the more noticeable. Nevertheless, despite this large addition to the number of houses in this category the total falls short of the 1969 total of 610.

While, as shown in Table VI, appreciably less houses were built by local authorities during the year there was little change in the number of houses built by private enterprise. Once again the highest rate of development took place in the Chelmsford Rural District although it will be noted that the figure of 1,702 given in the table for 1970 is the total on the Council's waiting list.

In facing the housing challenge the Chelmsford Rural District Council have built more houses than any other rural district council and, as will have been noted, were the most active in making improvement grants during the year.

NEWCASTLE DISEASE VIRUS

In the latter part of 1970, there occurred serious outbreaks of fowl pest in Essex and other counties.

It was noted that the incidence of conjunctivitis in broiler factory workers increased during the fowl pest outbreak. The Public Health Laboratory at Chelmsford examined specimens of fluid from the eyes of affected workers. The Newcastle Disease virus, which causes fowl pest, was found to be present in the eyes of about half of those affected. These cases were mild, but nevertheless uncomfortable.

As the virus can survive well at low temperature, deep frozen chickens can also be the means of spreading the disease to housewives. It is important to remember that persons preparing or handling poultry should keep their hands away from their eyes.

The monitoring of deep-frozen poultry by the laboratory is continuing, and it is hoped that cases of conjunctivitis reported to the family doctor can be examined for the presence of the virus in eye fluids.

FOOD PREMISES

In order to test the effectiveness of cleansing and washing up techniques, a total of nearly 800 swabs were taken for bacteriological examination of kitchen equipment, cutlery and working surfaces after cleansing at 32 schools and residential establishments.

Owing to considerable effort by kitchen staff to maintain high standards of hygiene, results of swabbings have proved to be generally very satisfactory.

ESSEX COUNTY COUNCIL ACT, 1933

Establishments for Massage or Special Treatment

Twelve new licences were issued under the above Act during the year, six of these being issued to physiotherapists, chiropodists etc. and six for establishments carrying out beauty therapy including massage and slimming treatment. There appears to be an increasing demand for this type of establishment and there are many new types of equipment and techniques coming into use.

At the end of the year the number of establishments licensed for massage or special treatment was 64. A total of 114 visits of inspection were made and the premises were found to be clean and generally satisfactory.

AIR POLLUTION

Data has been provided by the Ministry of Technology, Warren Spring Laboratory, Stevenage, Herts concerning daily observations of smoke and sulphur dioxide (SO_2) concentrations at the following sites in the County during the period April 1969 to March 1970.

Details are as follows:-

Location of Site	Mean Concentration of Smoke (a) Summer (b) Winter (c) Year (microgrammes per cubic metre)	Mean Concentration of Sulphur Dioxide (SO_2) (a) Summer (b) Winter (c) Year (microgrammes per cubic metre)	Highest Daily Concentration of Smoke	Highest Daily Concentration of Sulphur Dioxide (SO_2)
	(28.6 ug/m^3 = 1 part per million (by volume))			
Ardleigh	(a) - (b) 20 (c) -	(a) - (b) 19 (c) -	178	65
Basildon	(a) 15 (b) 41 (c) 28	(a) 61 (b) 130 (c) 96	315	480
Canvey Island	(a) 19 (b) 43 (c) 31	(a) 53 (b) 95 (c) 75	357	462

Location of Site	Mean Concentration of Smoke (a) Summer (b) Winter (c) Year (microgrammes per cubic metre)	Mean Concentration of Sulphur Dioxide (SO_2) (a) Summer (b) Winter (c) Year (microgrammes per cubic metre)	Highest Daily Concentration of Smoke	Highest Daily Concentration of Sulphur Dioxide (SO_2)
Chigwell	(a) - (b) 60 (c) -	(a) - (b) 111 (c) -	374	283
Clacton-on-Sea	(a) 13 (b) 44 (c) 28	(a) 35 (b) 71 (c) 54	175	217
Hadleigh	(a) 13 (b) 33 (c) 23	(a) 44 (b) 84 (c) 65	252	302
Harlow	(a) 13 (b) 29 (c) 21	(a) 51 (b) 119 (c) 85	167	382
Kelvedon Hatch	(a) 5 (b) 25 (c) 15	(a) - (b) - (c) -	190	238
Little Horkesley	(a) - (b) 20 (c) -	(a) - (b) 42 (c) -	147	106
Mountnessing	(a) 8 (b) 29 (c) 19	(a) 55 (b) 76 (c) 66	170	325
Rayleigh	(a) 17 (b) 38 (c) 28	(a) 50 (b) 87 (c) 69	192	273
Saffron Walden	(a) 9 (b) 44 (c) 27	(a) 40 (b) 84 (c) 62	205	277
Stanford-le-Hope	(a) 26 (b) 52 (c) 39	(a) 76 (b) 113 (c) 95	229	300
Stifford	(a) 15 (b) 39 (c) 27	(a) 56 (b) 124 (c) 90	458	574
Thurrock 6 (Health Centre, Darenth Lane, South Ockendon)	(a) 22 (b) 39 (c) 30	(a) 73 (b) 134 (c) 103	255	448

Location of Site	Mean Concentration of Smoke (a) Summer (b) Winter (c) Year (micrograms per cubic metre)	Mean Concentration of Sulphur Dioxide (SO_2) (a) Summer (b) Winter (c) Year (micrograms per cubic metre)	Highest Daily Concentration of Smoke	Highest Daily Concentration of Sulphur Dioxide (SO_2)
Tilbury/Thurrock 26 (St. Chad's Road, Tilbury)	(a) 26 (b) 57 (c) 42	(a) 81 (b) 128 (c) 105	318	612
Waltham Holy Cross	(a) 22 (b) 51 (c) 37	(a) 25 (b) 32 (c) 29	273	83
Weeley	(a) - (b) 23 (c) -	(a) - (b) 47 (c) -	149	154
Witham	(a) 11 (b) 35 (c) 25	(a) 39 (b) 57 (c) 50	161	218

(Data was provided for sites located at Braintree and Halstead but as the information is incomplete details have been excluded from the table)

Smoke Control Orders

The only changes in Smoke Control Orders resulted from the temporary shortage of smokeless fuels. Two orders involving 5,036 houses and 2,236 acres in the Thurrock urban district were suspended for nearly 5 months up to 30th April 1970.

Over 51,000 dwellings in the urban districts of Basildon, Brentwood, Harlow, Thurrock and Waltham Holy Cross remained subject to smoke control orders at the end of the year.

The assessment of smoke stains by means of a reflectometer is undertaken monthly by the County Council on behalf of seven authorities within the County and the readings are notified to the Warren Spring Laboratory.

FOOD AND DRUGS ACT, 1955

A summary of the work carried out by the County Weights and Measures Department

The County Council, acting through the Special Purposes Committee, is the Food and Drugs authority for a large proportion of the administrative county. Practical administration and enforcements are carried out by the Weights and Measures Department and the Department's task is to administer and enforce certain provisions of the Statute and of Regulations made thereunder.

During the year, 1,033 samples of milk and 767 samples of a cross section of other food and drugs were procured by sampling officers. 15 samples of milk and 18 samples of other kinds of food were adversely reported upon by the County Public Analyst. 3,375 articles of food were examined to check that they were duly labelled with particulars of their composition and where samples were procured for analysis the Public Analyst was informed of the particulars given on the labels in order that he might check the accuracy of the claims made. Requirements as to labelling were found to be well observed.

Appropriate follow-up action was taken in respect of each of the samples adversely reported upon and a number of prosecutions were instituted. A number of prosecutions also arose out of the investigation of complaints made to the department by purchasers.

Some particulars of the prosecutions taken are given hereunder:-

"(a) a portion of apple tart purchased at a restaurant was found upon examination to contain mould growth. A fine of £10 was imposed and £5 costs awarded;

(b) a small round loaf was found to contain a half inch wire nail which in the opinion of the Analyst had been baked in the bread. A fine of £20 was imposed and £3.15 costs awarded;

(c) another loaf of bread was the subject of complaint and upon analysis was found to contain pieces of a white plastic film material in a crumpled and twisted condition; the pieces varied in size, the largest measuring 4 ins. in length. A fine of £10 was imposed and costs of £9.70 awarded;

(d) beef sausages purchased by a complainant were found upon examination to contain two pieces of ferrous metal approximately one millimetre thick and 22 and 27 millimetres long respectively. A fine of £20 was imposed and £6.20 costs awarded;

(e) pork sausage meat purchased by a sampling officer was found upon analysis to have a meat content of 53%. The Sausage and other Meat Products Regulations 1967 require that pork sausage meat shall have a meat content of not less than 65%. A fine of £25 was imposed and costs of £2 awarded;

(f) samples taken from a consignment of milk churns awaiting delivery to a large bottling plant indicated the presence of added water ranging from 4% to 50%. A witnessed milking of the herd showed the cows to be giving milk of a satisfactory standard;

Prosecutions were instituted against the farmer and his cowman in respect of 10 offences. The farmer was acquitted on proof of statutory defence. His servant, the cowman, was found guilty and placed on probation for two years;

(g) An officer of the department purchased a sample of weight increasing tablets and sent them to the County Public Analyst together with advertising literature.

This literature included such statements as 'a real factory of calories', 'increases your energy, your resistance, your endurance (resistance to disease)', 'rest assured right away, it contains no sugar'.

Analysis showed that the constituents stated to be present were basically correct although in different proportions from those stated on the label. With regard to the statements made, the Analyst commented that 'the total intake of 13.2 calories per day was a trivial amount when compared with the daily requirement of 2,500 calories for a woman and would certainly not supply the energy output for the day. The small proportions of nutrients do not justify a special claim for body building increase of strength or improved health. The statement that the tablets contained no sugar was false. The results of analysis showed that at least a quarter of the tablet consisted of cane sugar in addition to which a substantial proportion of milk sugar (lactose) was also present.'

A prosecution was instituted in respect of the misleading advertisements and a fine of £30 was imposed and costs of £16.50 awarded."

SECTION III - THE CARE OF MOTHERS AND YOUNG CHILDREN

Health Centres and Health Services Clinics

A new purpose-built health services clinic on the Greenstead Estate, Colchester was opened during the year. Work commenced on extending the existing clinics at Hullbridge and South Benfleet, the former in order to adapt it to become a health centre with accommodation for general medical practitioners. A site for a health centre was purchased in Old Harlow.

Child Health Centres

Two hundred and seventeen child health centres, of which 53 were in purpose-built premises, 12 in adapted premises and 152 in hired accommodation were provided by the County Council at the end of 1970. 51,590 children attended the centres, making a total of 288,003 visits during the year.

New centres started and centres discontinued during the year were as follows:-

New Centres started	Centres discontinued
Health Services Clinic, Blackthorn Avenue, Greenstead, Colchester	Silcott School, Brightlingsea
Village Hall, Fordham	Women's Institute Hall, Mountnessing
Village Hall, West Hanningfield	Congregational Church Hall, Hatfield Heath
Village Hall, Hatfield Heath	Village Hall, Manuden
St. Anne's Church Hall, Colchester	St. John's Church Hall, Colchester
	Village Hall, Parsons Heath, Colchester
	St. Edmund's Church Hall, Greenstead, Colchester.

Distribution of Welfare Foods

The scheme for the distribution of welfare foods continued throughout the year. There were 291 distribution centres (123 in health services clinics and 168 in various other premises) in the administrative County compared with 287 in 1969. The amounts of various welfare foods, including National Dried Milk distributed to beneficiaries during 1970 and comparative figures for the previous year are as follows:-

	1970	1969
Orange Juice (bottles)	455,487	440,507
Vitamins A & D tablets (packets)	20,449	18,876
Cod Liver Oil (bottles)	19,378	20,498
National Dried Milk (tins)	62,350	88,477

Medicaments and Nutriments

The scheme for the supply of free medicaments to mothers and young children and the sale of nutriments on the approved list continued throughout the year.

Dental Inspection and Treatment

The report of the Chief Dental Officer on the County Dental Service will be found on page 81.

Details of the dental treatment provided for expectant and nursing mothers and for young pre-school children during 1970 are given in the following table:-

	Children 0-4 years of age inclusive		Expectant and Nursing Mothers	
First Visits (patients actually treated)	1,350	(1,395)	267	(285)
Subsequent visits	1,959	(1,911)	547	(525)
Total Visits	3,309	(3,306)	814	(810)
Additional Courses of Treatment commenced during the year	131	(115)	24	(28)
Number of fillings	3,391	(3,064)	688	(687)
Teeth filled	3,039	(2,747)	602	(612)
Teeth extracted	676	(747)	113	(220)
General Anaesthetics	359	(408)	13	(24)
Emergency visits by patients	169	(230)	37	(40)
Patients x-rayed	29	(20)	79	(45)
Prophylaxis (scaling and polishing)	220	(216)	195	(183)
Teeth otherwise conserved	636	(806)	-	(-)
Teeth root filled	-	(-)	1	(4)
Inlays	-	(-)	3	(3)
Crowns	-	(-)	3	(9)
Courses of Treatment completed	1,051	(1,079)	190	(258)
Number of dentures supplied	-	(-)	34	(36)
Number of patients given first inspections during year	A3,624	(3,180)	D335	(458)
Number of patients in A & D above who required treatment	B1,577	(1,545)	E275	(292)
Number of patients in B & E who were offered treatment	1,547	(1,518)	272	(289)

The figures in parentheses refer to the year 1969 and are included for comparison.

Detection and Treatment of Phenylpyruvic Oligophrenia

The method of screening babies for this condition by testing from urine of napkins between the fourth and fifth week after birth has been found to be unreliable and on the recommendation of the Medical Research Council was replaced by the Guthrie blood test. This test involves the taking of a specimen of blood from the heel of each infant on the sixth day after birth and sending it to the Hospital for Sick Children, Great Ormond Street, London for examination.

During 1970, a total number of 17,653 first blood samples were submitted for the Guthrie test as follows:-

8,336	by Domiciliary Midwives
9,240	by Hospitals
33	by General Practitioners
44	by Health Visitors

Three cases were found to be positive.

Day Nurseries

The six day nurseries, four of which are approved for teaching purposes continued to function throughout the year. The number of places provided was 250 and over the whole year the average daily attendance was 205. The number of nursery nurses trained during the year totalled 18, as follows:-

Brook Street, Colchester	6
Sheepen Road, Colchester	6
Basildon	3
West Thurrock	3

Daily Guardians

The Daily Guardians Scheme, which for some years had been provided only in the South-East Essex Health Area, was finally discontinued as a consequence of Section 60 of the Health Services and Public Health Act, 1968. This Section extended the Nurseries and Child Minders Regulation Act, 1948 to include premises other than those used wholly or mainly as private dwellings in which children are received for a total of two hours or more in the day and persons who in their own homes and for reward look after one or more children under the age of 5 to whom they are not related. In view of this, any persons who formerly were prepared to act as Daily Guardians are now registered as child minders under the 1948 Act (as amended).

Nurseries and Child Minders Regulation Act, 1948 (as amended)

At the end of 1970, the number of premises and child minders registered by the County Council in accordance with the requirements of this Act together with the number of children for whom provision was being made, is indicated below:-

Health Area/Delegatee Authority	Nurseries		Child Minders	
	Number Registered	Number of Children Provided for	Number Registered	Number of Children Provided for
North East Essex	47	805	119	664
Mid Essex	98	2,553	195	1,041
South East Essex	37	812	108	393
West Essex	65	1,718	136	488
Harlow	27	808	94	205
Thurrock	27	707	44	122
Basildon	44	1,118	115	264
Colchester	23	570	35	163
Total	368	9,091	846	3,340

31 nurseries provided all day care for 1,104 children
337 nurseries provided sessional care for 7,987 children
478 child minders provided all day care for 1,087 children
368 child minders provided sessional care for 2,253 children

The numbers of children attending private or voluntary day care facilities at the end of the year who were placed and paid for by the County Council were:-

8 with all day care nurseries
26 with part-time nursery groups
10 with child minders

Convalescent Treatment

During the year, recuperative holidays were provided for 2 mothers and 5 young children, in accordance with arrangements made under Section 22 of the National Health Service Act, 1946.

Child Development Sessions

Child development sessions were held at 15 centres during the year and provided a total of 139 places. The total attendances during the year were 11,022 and at the end of the year 79 children were on the priority list awaiting admission.

Boarded-out Children

Six hundred and eighteen children, who were boarded-out, were medically examined during the year in accordance with the usual arrangements. The necessary action was taken to ensure that the 228 children reported to have some medical defect either received treatment or were placed under observation.

The majority of these examinations were undertaken by general medical practitioners but a small number were carried out by County Council medical officers.

Congenital Malformations apparent at Birth

Cases of congenital malformations apparent at birth continue to be reported by the doctor or midwife notifying the birth and during 1970, 341 live and stillborn infants were so reported. This number is equivalent to 16.6 per 1,000 births compared with 16.9 in 1969 and 14.8 in 1968.

The types of malformation recorded are given in the following table, multiple malformations being recorded once under each malformation or malformation group:-

Congenital Malformations apparent at birth recorded in 1970, with numbers for 1969 in parenthesis

Code No.	Malformation	Male	Female	Total	Rate per 1,000 births
01	Anencephalus	3	9	12 (19)	0.6
04	Hydrocephalus	6	7	13 (15)	0.6
08	Spina Bifida	9	19	28 (27)	1.4
05,06,09	Other malformations of Central Nervous System	3	8	11 (11)	0.5
10-13	Malformations of eye	2	2	4 (2)	0.2
16-19	Malformations of ear	13	5	18 (7)	0.9
21	Cleft lip	13	5	18 (21)	0.9
22	Cleft palate	14	9	23 (15)	1.1
20,23-29	Other malformations of alimentary system	7	5	12 (17)	0.6
30-39	Malformations of the heart and circulatory system	4	3	7 (5)	0.3
40-49	Malformations of Respiratory System	3	2	5 (1)	0.2
57	Hypospadias Epispadias	10	-	10 (22)	0.5
50,56,59	Other Malformations of Urino-genital system	18	7	25 (27)	1.2
60	Polydactyly	8	2	10 (12)	0.5
61	Syndactyly	6	1	7 (7)	0.3
62-64	Reduction deformities	3	3	6 (7)	0.3
65	Talipes	46	37	83 (76)	4.0
66	Congenital dislocation of Hip	9	15	24 (21)	1.2
67-69	Other malformations of limbs	9	7	16 (21)	0.8
70-75	Other musculo-skeletal malformations	12	10	22 (14)	1.1
80,81	Malformations of face and neck	3	2	5 (4)	0.2
82-84	Malformations of muscles, skin and fascia	11	12	23 (21)	1.1
96	Down's Syndrome (Mongolism)	6	8	14 (9)	0.7
85-95,98,99	Other specified and unspecified malformations	12	9	21 (15)	1.0
	Total No. of Children	189	152	341 (346)	16.6

Thirty-eight, or about 8 per cent of all the infants reported were stillborn. Of these, 10 had anencephalus and 8 had other malformations of the central nervous system.

The following table shows the incidence of children reported as having malformations in different parts of the county during the last six years:-

Health Area/County District	Malformed Children per 1,000 births	
	1965-67	1968-70
North East Essex	11.9	7.7
Mid Essex	16.6	20.4
South East Essex	21.2	18.4
West Essex	12.1	15.8
Harlow	20.1	18.2
Thurrock	13.9	17.6
Basildon U.D.	13.2	15.9
Colchester M.B.	15.7	9.4
Administrative County	15.5	16.2

Incidence has been consistently below average in North-East Essex and during 1968-70 in Colchester also. The difference between other areas during 1968-70 could well be due to chance. Comparing North-East Essex and Colchester with the remainder of the County in 1968-70, the incidence of malformations of the central nervous system was similar but the incidence of other malformations was 3½ times as high in the remainder of the County than in the north-east. Since most of the other malformations are less serious than those of the central nervous system, the low incidence in North-East Essex and Colchester is probably due to considerable under-reporting of less severe cases.

Audiology Service

During the year the anticipated audiology clinic commenced at Thurrock and, including the clinics already established at Chelmsford, Colchester, Rayleigh and Harlow, there is a total of 5 audiology clinics in the Administrative County.

Dr. A. N. Cammock, E.N.T. Consultant, continued to attend these clinics under the terms of his contract with the County Council.

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

The nursing services have continued to maintain and extend their work during the year and at the same time have been analysing their rate for future development.

The County of Essex was selected as one of 14 local health authorities to be invited by the Department of Health and Social Security to become a model for the new pattern of local authority nursing management under the recommendations of the Mayston Report and preliminary plans are under consideration.

During the year the Queen's Institute of District Nursing requested the County Council to take part in the work of their Research Department on the role of the State Enrolled Nurse in the local authority nursing services and this work is continuing.

In addition, the Asa Briggs Committee have asked the County Council to participate in research sampling of staff by questionnaire for their report on the training and use of the nursing services.

MIDWIFERY

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:-

	FORM OF PRACTICE	Domiciliary Midwives	Other Midwives	Total
(a)	Domiciliary Midwives employed by the Authority	196	-	196
(b)	Other Midwives employed in Nursing Homes or in private practice	-	14	14
		196	14	210

During the year 4,418 confinements were attended by domiciliary midwives employed by the County Council, and in only 38 instances was a doctor not booked to attend the confinement.

20,001 births were notified in 1970 under Section 203 of the Public Health Act, 1936 and of these 16,020 (80 per cent) occurred in hospital.

The following table shows the percentage of hospital confinements in the Administrative County over the last three years:-

	1968	1969	1970
North-East Essex	90.8	92.4	94.7
Mid-Essex	75.0	79.5	83.8
South-East Essex	58.9	63.9	68.6
West Essex	77.8	76.3	77.4
Harlow	83.8	87.6	90.5
Thurrock	59.9	63.9	68.6
Basildon U.D.C.	62.4	64.2	68.7
Colchester M.B.C.	84.0	91.1	92.0

Early Discharge of Maternity Patients from Hospital

During the year the arrangement 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: a total number of 7,572 were so discharged, of which 2,906 were within the first 48 hours.

Analgesia

All the 196 domiciliary midwives employed by the County Council were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board and, during the year, inhalational analgesia was administered to patients in 75 per cent of home confinements. The numbers of cases were as follows:-

Gas and Oxygen	2,298
Trilene	1,016
Pethidine	2,268

Ante-natal and Post-natal Clinics

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

	No. of Women in attendance	No. of Attendances At Medical Officer's Sessions	No. of Attendances At Midwives' Sessions
For ante-natal examination	3,768	5,659	12,296
For post-natal examination	62	101	-

Classes in mothercraft and relaxation continued to be provided for expectant mothers attending the County Council's ante-natal clinics; 4,119 expectant mothers attended these classes during the year, of whom 3,451 were booked for confinement in hospital and 668 for confinement at home. The total number of attendances was 22,997.

Ophthalmia Neonatorum

One case of ophthalmia neonatorum was notified during 1970.

Maternal Deaths

Two deaths attributed to pregnancy, childbirth or abortion were notified in 1970 compared with 5 in 1969, giving a maternal death rate of 0.10 per 1,000 live births, compared with the national rate for England and Wales which was 0.18.

Care of Unmarried Mothers and their Babies

The Chelmsford Diocesan Moral Welfare Assoication continued to undertake, on an agency basis, the care of unmarried mothers and their children. Under this arrangement 105 mothers were admitted to hostels in the Administrative County and a further 31 to hostels outside the County.

Training of Pupil Midwives

The Central Midwives Board have approached all local authorities with a view to widening the training of the pupil midwife to include greater participation in understanding the community services and, in preparation for the new type of midwifery training, a course for teaching midwives was held in April 1970, to assist them in participating in this wider aspect of their training.

Under the arrangements made with Hospital Management Committees whereby the County Council provide domiciliary experience for pupil midwives undertaking second period midwifery training at various hospital training schools 106 pupils had received or were receiving domiciliary training during the year from teaching district midwives.

Domilicary Midwives working in General Practitioner Units of Hospitals

During the year, Essex has reflected the continuing national trend for women to be admitted to hospital for confinement and discharged early to their homes.

For this reason there has been some demand for the County Council's domiciliary midwives to deliver babies in general practitioner units of hospitals, the mother and baby being returned home within 48 hours, and for the midwife to continue providing services during the lying-in period.

In order to meet these changing needs, schemes of this nature have been arranged with Princess Alexandra Hospital, Harlow, St. Peter's Hospital, Maldon, Brentwood Maternity Hospital, Colchester Maternity Hospital and William Julien Courtauld Hospital, Braintree.

From the reports that have been received, these schemes appear to be working very satisfactorily.

HOME NURSING

During 1970, 19,609 patients were attended by home nurses making a total of 510,954 visits. Details of the age groups to which these visits relate are as follows:-

Age Group	No. of Patients Visited	No. of Visits Paid
Under 5 years of age	402	2,111
Over 5 and under 65 years	6,240	112,714
Over 65 years of age	12,967	396,129
All Ages	19,609	510,954

District Nursing

The plans agreed by the Health Committee for building up nursing teams of State Registered Nurses, State Enrolled Nurses and District Auxiliaries commenced during the year and good progress has been made in the use of these personnel.

The scheme has indicated good scope for the use of part-time workers in all grades of staff and is being linked with the general practitioner attachment schemes.

The possibilities for further expansion necessarily depend on the availability of finance from year to year and there would appear to be no difficulties in recruitment for these services.

The work of the part-time home nurse tutor has extended considerably during the year and in addition to organising courses for district nurses and district auxiliaries, he has participated in ambulance training schemes and in post-entry courses for district nurses.

During the year, two district nurse training courses were held to qualify State Registered Nurses for the National Certificate of District Nursing, at which 23 candidates attended, 21 of whom were successful in their examination.

District Auxiliaries

Resulting from surveys carried out to determine measures which could be taken for the development of the nursing services, it was revealed that many home nurses and home nurse/midwives were undertaking work which could done by non-nursing auxiliaries and that much of the work undertaken by State Registered Nurses could equally well be done by State Enrolled Nurses. Consequently the Health Committee agreed to the appointment of district auxiliaries to undertake these duties and to the arranging of in-service training courses for state enrolled nurses and district auxiliaries. It was also agreed that district auxiliaries should be supplied with a uniform of distinctive colour to that worn by district nurses and home nurse/midwives and a maroon coloured uniform consisting of a nylon overall, raincoat and hat was designed for the purpose.

During the year 13 district auxiliaries were appointed throughout the Administrative County, attended an initiation course, two of which were held during the year, and proved a most helpful addition to the staff in their help and support of the district nursing service.

HEALTH VISITING

Home Visits

Health visitors employed by the County Council made a total of 212,360 visits to 93,061 persons in their own homes during the year. Details of visits in age groups are shown below:-

Age Group	No. of Patients visited	No. of Visits paid
Under 5 years of age	75,468	168,848
65 years of age and over	8,978	24,070
Others	8,615	19,442
All Ages	93,061	212,360

PREPARATION FOR CHILDBIRTH

During the year, a further course of instruction on preparation for childbirth, of three days duration, was organised for health visitors and midwives. This course was attended by 24 health visitors, domiciliary midwives and hospital midwives and was held at the Medical Academic Unit at the Chelmsford and Essex Hospital under the direction of Mrs. A. Gill, M.C.S.P.

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

Further progress was made during the year in respect of attachment schemes whereby health visitors, domiciliary midwives and home nurses are allocated to specific general medical practices and are responsible for all the patients who reside in the local health authority's area who are on the general practitioner's list.

The number of attachment and liaison schemes at the end of 1970 is as follows:-

Category of Staff	No. employed in Attachment Schemes	No. employed in Liaison Schemes
Health Visitor	38	46
Midwife	55	6
Home Nurse/Midwife	-	11
Home Nurse	39	26
District Auxiliary	-	-

SECTION V - PREVENTIVE MEDICINE

CARE AND AFTER-CARE
TUBERCULOSIS

137 cases of respiratory and non-respiratory tuberculosis were notified by Medical Officers of Health during 1970. This figure, compared with 154 cases in 1969, represents a decrease of 17 (decrease of 19 respiratory and an increase of 2 non-respiratory). The details of age and sex distribution are given below:-

	Sex	0-4	5-14	15-24	25-44	45-64	65 and over	Total all ages
Respiratory	M	2	1	4	22	26	12	67
	F	2	4	6	19	8	2	41
Non-respiratory	M	1	1	1	5	1	2	11
	F	-	2	3	7	4	2	18

Notified cases of respiratory tuberculosis in children of between 5-15 decreased from 17 in 1969 to 5. There were fewer cases over 65 years but more between 25-65.

The number of primary notifications and deaths in County Districts of the Administrative County for the years from 1963 to 1970 are shown in the following table:-

	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 p. 1,000 pop.	
							Notifications	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
1967	176	34	31	2	207	36	0.19	0.04
1968	161	17	29	9	190	26	0.17	0.02
1969	127	14	27	11*	154	25	0.13	0.02
1970	108	17	29	1	137	18	0.12	0.02

*including late effects of respiratory tuberculosis

Domiciliary Visits

Tuberculosis visitors attended 254 households and health visitors made visits to 730, the total number of households visited being 984.

Follow-up of Contacts

During 1970 the total number of examinations was 5,076. Of these 1,622 were contacts of tuberculosis examined for the first time and 3,454 for subsequent examinations.

The number of contact examinations has fallen by over 1,000 a year since 1966 when 9,673 examinations were made.

Open-Air Shelters

As in 1969, only one open-air shelter remained in use at the end of the year and was periodically inspected by the health visitor.

B.C.G. Vaccination

Throughout the year, the vaccination of contacts of patients suffering from tuberculosis, for whom Mantoux tests had proved negative, continued and the total numbers vaccinated, together with comparative figures for 1969, are as follows:-

	1970	1969
Number of contacts skin tested	1,107	1,316
Number of contacts found to be negative	364	888
Number of contacts found to be positive	722	356
Number of contacts vaccinated	628	749

B.C.G. vaccination of school children and students also continued and details and comparable figures for 1969 are as follows:-

	1970	1969
Number of pupils and students skin-tested	11,784	14,279
Number of pupils and students with:-		
(a) Postive results	573	911
(b) Negative results	10,681	12,988
(c) Vaccination with B.C.G.	10,474	11,128

Extra Nourishment

The scheme for the provision of free milk continued throughout 1970. 27 new tuberculosis cases and 16 new cases of other chest diseases received this service. At the end of the year 330 patients were in receipt of free milk.

Rehabilitation

As in the three previous years, no patients in 1970 received financial assistance towards maintenance at a Rehabilitation Centre.

Mass Radiography

Two mobile radiography units of the North-East Metropolitan Regional Hospital Board continued to operate in the administrative county during 1970 when sessions were held at factories, hospitals, etc. A total of 47,123 persons were x-rayed of whom 29,820 were males and 17,303 were females. This figure compares with 52,690 persons x-rayed in 1969, and it is probable that the three static units in Ilford have continued to attract a considerable number of persons residing in the administrative county who have availed themselves of this service.

Tuberculosis Care Associations

For many years before the provisions of the National Health Service Act, 1946 came into operation and subsequent to that Act, the County Council made grants annually to the voluntary Tuberculosis Care Associations and for the year under review the grant is at the rate of £2 per 1,000 population plus up to £25 to each Association for postages and other petty disbursements.

In recent years however the circumstances in which these grants have been paid have changed considerably, since there is now a much lower incidence of tuberculosis and increased benefits for patients and their dependents are obtainable under the social security legislation. It was therefore considered that the County Council should cease the payments of annual grants to the Associations and assume direct responsibility for the provision of assistance hitherto made available through them.

Following the submission of these amended proposals to the Secretary of State for Social Services, however, formal objections were received by him from the Chest and Heart Association on behalf of itself and its eleven affiliated Care Committees within the administrative County and at present, following discussions between representatives of the County Council and the Department, the subject is receiving further consideration.

OTHER ILLNESSES

Recuperative Convalescence

The arrangements for recuperative convalescence in accordance with Section 28 of the National Health Service Act, 1946 continued and 244 patients were assisted by this service in 1970 as against 209 for 1969.

Loan of Sickroom Equipment

Sickroom equipment was made available, on loan, throughout the year to patients in their homes. The equipment is provided either through home nurses or the health area offices, and the articles on loan at the end of 1970 totalled 4,445.

RENAL DIALYSIS

During the year the County Council gave financial assistance towards the cost of carrying out the necessary adaptations to the homes of four patients to enable them to be provided with renal dialysis equipment.

Since 1968 when the first patient in the administrative county who was suitable for home dialysis was brought to notice a total of 16 patients have received this form of assistance. Two patients died before any work of adaptation had been carried out whilst two others returned to hospital.

In almost every case the adaptations involved structural alterations to the home (including the erection of an additional room in one case) together with plumbing and/or electrical adaptations.

The average cost of carrying out the necessary work to a dwelling is £350 and the average contribution received towards the cost which is assessed in accordance with the County Council's assessment scales amounts to £65.

INFECTIOUS DISEASES

The corrected number of notifications of infectious diseases received by Medical Officers of Health of County Districts during 1970 will be found in Table V.

It is interesting to note the variation in notifications received over the past five years from the following table:-

	1966	1967	1968	1969	1970
Scarlet Fever	501	606	483	548	443
Whooping Cough	454	1.059	611	206	314
Measles	5,397	17,507	3,257	4,543	6,886
Diphtheria	-	-	-	-	22
Acute Poliomyelitis (paralytic)	-	2	-	-	-
Acute Poliomyelitis (non-paralytic)	-	-	-	-	-
Acute encephalitis (infective)	-	-	1	2	1
Acute encephalitis (post infectious)	1	1	-	4	1
Acute meningitis*	8	6	13	10	19
Typhoid Fever	-	4	-	3	-
Paratyphoid Fever	3	-	1	1	6
Dysentery	311	504	183	482	78
Food Poisoning	88	132	113	215	310
Infectious jaundice**	134	217	480	372	423
Tuberculosis, respiratory	166	176	161	127	108
Tuberculosis, meninges and CNS	3	1	3	2	1
Tuberculosis, other	23	30	26	25	28
Ophthalmia neonatorum	-	1	-	3	1
Malaria	7	2	-	2	5
Anthrax	-	-	-	-	-
Leptospirosis	+	+	-	1	-

* meningococcal infection until 1968
** infective hepatitis until 1968
+ leptospirosis not notifiable until 1968

There were more cases of measles in 1970 than in either of the two previous years and the numbers of cases of food poisoning, paratyphoid fever and acute meningitis were above average but the principal feature of the infectious diseases statistics for 1970 was the recrudescence of diphtheria, 22 cases being notified, all in Colchester.

VACCINATION AND IMMUNISATION

Smallpox

Although there was an increase in the number of persons under 16 years of age vaccinated or re-vaccinated against smallpox in 1970, compared with the previous year, the number under the age of 2 further declined. It is estimated that only 26% of 1969 births were vaccinated before reaching the age of 2. Details for the year under review are as follows:-

	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-15 years	Total
No. vaccinated	12	22	66	141	4,884	4,452	813	10,390
No. re-vaccinated	-	-	-	2	12	252	2,145	2,411

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis

In the following table is shown the number of persons under 16 years of age who completed primary courses of injections and received reinforcing doses to protect them against diphtheria, whooping cough, tetanus and poliomyelitis during 1970.

	Year of Birth						
	1970	1969	1968	1967	1963-1966	Others under 16 yrs of age	Total
Primary Courses							
Diphtheria	1,060	12,566	3,391	252	517	158	17,944
Whooping Cough	1,036	12,222	3,270	183	204	38	16,953
Tetanus	1,061	12,576	3,398	263	587	1,175	19,060
Poliomyelitis	951	12,696	3,560	299	607	331	18,444
Reinforcing Doses							
Diphtheria	-	629	3,510	819	16,076	1,303	22,337
Whooping Cough	-	596	3,071	608	3,805	188	8,268
Tetanus	-	634	3,540	871	16,640	3,948	25,633
Poliomyelitis	-	551	2,426	676	15,933	5,151	24,737

Details of Antigens given to children are as follows:-

	Primary Courses	Reinforcing Doses
Quadruple (D.T.P.P.)	-	-
Triple (D.T.P.)	16,953	8,268
Diphtheria/Pertussis	-	-
Diphtheria/Tetanus	986	13,901
Diphtheria	5	168
Pertussis	-	-
Tetanus	1,121	3,464
Poliomyelitis - Salk	127	55
Poliomyelitis - Sabin (oral)	18,317	24,682

Measles.

The following table shows the number of children vaccinated against measles:-

	Year						
	1970	1969	1968	1967	1963-1966	Others under 16 yrs of age	Total
Numbers vaccinated	23	4,931	5,398	2,281	4,209	525	17,367

Rubella Vaccination

By Circular 11/70 dated 29th July, 1970 local health authorities were advised by the Department of Health and Social Security of the recommendation by the Joint Committee on Vaccination and Immunisation that vaccination against rubella should be offered to all girls between their 11th and 14th birthdays, but that initially priority should be given to older girls, i.e. those in their 14th year.

In consultation with the Local Medical Committee, general practitioners were invited to participate in these arrangements, which were put into operation in September 1970 on the return of children to school following the midsummer holiday.

During the year, a total of 3,809 girls were vaccinated.

Influenza

During the winter of 1969/70 there was a small outbreak of influenza although this did not affect the local health services as severely as was at first expected. About 25% of the nursing staff had influenza and Colchester and North-East Essex appeared to be the worst hit localities where approximately

one-third of the staff succumbed to the illness. Even though there was an increase in the workload there was no breakdown of service and relatively few of the staff were off duty for a long period.

During this time the Home Help Service had to be restricted to those beneficiaries whose need was greatest because about half the home helps and home help organisers were absent through sickness.

Very few of the staff of the training centres for the mentally subnormal were absent through sickness during the period and the residential hostels were barely affected and it is interesting to note that the children at Holliwell Lodge had been inoculated early in 1969 against common influenza.

Yellow Fever

The centre in the Health Suite at County Hall, Chelmsford continued to provide yellow fever vaccinations during the year under review at a charge of £1.50 per person, subject to a reduction in accordance with the County Council's assessment scales. During 1970, 559 persons availed themselves of this service, an increase of 79 over the previous year.

VENEREAL DISEASES

The following table gives details of new cases of syphilis, gonorrhoea and other conditions diagnosed at special clinics in the Administrative County during 1970.

	Syphilis		Gonorrhoea		Other conditions	
	Male	Female	Male	Female	Male	Female
Chelmsford	4	-	37	16	313	205
Colchester	2	-	53	27	347	287
Harwich	-	-	3	2	42	26
Tilbury	11	1	77	22	531	117
Totals	17	1	170	67	1,233	635

Many of the new cases at Tilbury Clinic are of seamen and their exclusion reduces the above figures to:-

Syphilis 7 Gonorrhoea 171 Other Conditions 1,467

On the other hand venereal disease in residents of Essex is diagnosed at clinics outside the Administrative County at Oldchurch Hospital, Romford, Addenbrooke's Hospital, Cambridge, the Herts and Essex Hospital, Bishop's Stortford and at London Teaching Hospitals. From returns received from these and other clinics it is known that there were 10 other new cases of syphilis, 92 of gonorrhoea and 880 of other venereal conditions, but all

clinics which might be expected to treat Essex cases did not send returns so the total figures of 17 new cases of syphilis, 263 of gonorrhoea and 2,347 of other venereal conditions are probably not complete.

HEALTH EDUCATION

The demand for health education continued to increase and this has taxed the resources of the staff at present employed. There was a further increase in requests from schools for courses in health education which added to the problems. In view of the latter every effort has been made to involve members of the staff of the schools in teaching health education subjects. Whilst this had helped to some extent it is nevertheless quite clear that there will have to be an increase in the number of staff employed solely on health education to enable the many commitments to be met. In this connection it is a source of satisfaction to note that a request for a health education course which is successfully filled usually leads to many subsequent requests and it is anticipated that this self-generating demand will increase for some time to come.

As usual the subjects taught are many and varied and include the following:-

Smoking and Health	Personal Relationships
Venereal Diseases	Home Safety
Sex Education	Resuscitation
Misuse of Drugs	Dental Health
Contraception	Nutrition

Mental Health

Each course varied from occupying between 6 and 10 sessions up to those designed to cover the whole of the academic year. Pupils and their teachers are encouraged to take active rather than passive parts in these courses with the teacher usually being invited to act as the leader of the discussion group.

A two-day refresher course on health education in primary schools was held early in the year, the programme being divided between the education and medical disciplines and dealing with sex education, nutrition and infectious diseases together with other related subjects. The course was noteworthy in that Dr. W. J. Jones, the then Director General of the Health Education Council and Dr. A. J. Dalzell-Ward, the Council's Director of Field Services, took an active part in the course.

A one-day course in health education subjects involving a team of three health educators was held at the Chelmsford College of Further Education. The topics covered were smoking and health, venereal diseases, contraception

and the use and misuse of drugs. The consensus of opinion was that the day had been most successful. Previously special talks in the day-time had been given on the subject of the social diseases to students of the college.

There was a considerable demand from voluntary organisations, church groups, parent/teacher associations and other similar bodies for talks on current topics of health education which necessitated a great deal of evening work for the staff involved.

As usual the Health Department took part in the Essex Show held on 19th and 20th June. The main exhibition was designed to cover smoking, foot health, nutrition, home safety, water, immunisation and vaccination. A new mobile dental unit, with the dental health educator in attendance was displayed together with a modern ambulance and both units were kept busy with demonstrations and enquiries. It is estimated that visitors to our exhibition totalled some 17,000 over the two days of the Show. In addition to this exhibition various displays etc. were staged in schools, clinics and town shows within the administrative County during the year.

Misuse of Drugs

The problems involved in the misuse and abuse of drugs, particularly among young people, continued to give rise for concern. Requests from adult groups for talks and film shows on this subject have increased still further and although this has meant extra work at evenings and weekends it was nevertheless felt necessary to meet as many requests as practicable in order to lessen, if possible, the anxieties being felt by parents and other interested groups. This subject is of course included in health education courses in schools and close liaison is maintained with the police on all matters concerning the drugs situation whilst teaching techniques and data are kept up-to-date.

Home Safety

Annual grants continue to be made to the 8 local home safety committees in the County who are also given assistance by members of the health education staff.

Immigrants

There is not a large immigrant population in the administrative county and consequently no great difficulty with language or problems relating to the customs of the country of origin. Owing however no doubt to the Dockland area and proximity to London the Thurrock Health Area has a small Pakistani community with whom the health visitors experience some problems in effecting normal rapport. This is helped in some detail by the appointment of a Pakistani medical officer who during the year invited Pakistani parents to Grays Park Clinic for an early evening discussion on infant feeding and family planning. This was attended by some 30 parents and appears to have been most successful.

Dental Health

The dental health programme in West Essex has been satisfactorily concluded and the experience and knowledge gained from this project is now being applied to a similiar programme for schools in the southern part of the County. Parents continue to show an ever-increasing interest in this aspect of health education which is most encouraging.

ROUTINE CERVICAL CYTOLOGY

The scheme for routine cervical cytology testing, including examination of the breasts, continued throughout the year, the equivalent of 741 sessions being held. A total of 8,108 women were tested, of whom 1,120 were recalled for a second test.

During 1970 the number of positive results (13) was 1.6 per 1,000 women tested compared with 2.6 last year.

The age-parity of women tested is shown in the following table:-

	Age of Women					
	Under 25 years	25-34 years	35-44 years	45-54 years	55 years and over	Total all ages
Single	53	20	27	33	5	138
Married - no children	104	168	184	150	59	665
Married - 1 child	150	400	427	327	99	1,403
Married - 2 children	154	1,318	1,124	604	140	3,340
Married - 3 children	33	562	610	337	71	1,613
Married - 4 children	5	163	272	122	42	604
Married - 5 or more children	-	51	174	103	17	345
	499	2,682	2,818	1,676	433	8,108

This is the largest number of women tested at County Council clinics in one year. It is encouraging to note that though the number of women over 55 years of age tested remained small, it represented a large percentage increase over previous years.

CHIROPODY

A new post of County Chiropodist was created during the year and an appointment was made in September 1970. One of the tasks of the County Chiropodist will be to make the most effective use of existing staff, to suggest ways of improving recruiting and to investigate the desirability of introducing a career structure for chiropodists.

At 30th September 1970 there were 52 chiropodists equivalent to a total of 30.8 whole-time officers in post.

The number of sessions worked by these chiropodists amounted to 14,380 with corresponding figures for 1969 shown in parenthesis, as follows:-

At Clinics	8,588	(9,085)
Domiciliary	5,101	(5,583)
Welfare Establishments	691	(650)
	14,380	(15,318)

Priority categories, i.e. the aged, the physically handicapped and expectant mothers continued to be treated as the staffing position permitted, visits to County Council Homes for the Elderly were maintained and as in previous years a grant was made to the Essex Old People's Welfare Association to enable them to assist old people's clubs to maintain a service in those districts where a directly-provided service was not available.

The following table shows the number of cases treated and the number of treatments given during 1970:-

Category	Cases under Treatment	Treatments At Clinics	Treatments Domiciliary	Treatments At Welfare Homes
Chidlren	28	125	-	-
Physically Handicapped	166	437	829	-
Aged over 65 years	15,470	55,608	23,714	6,639
Other	330	2,141	12	-
	15,994	58,311	24,555	6,639

HOME HELP SERVICE

The publication by the Department of Health and Social Security of the survey on the Home Help Service in England and Wales in April 1970 came at a time when the results of our own departmental survey were becoming available. The latter survey was not so comprehensive and corresponds more to the recipents section of the national survey. Many comparisons show only slight differences but the figures on mobility suggest a greater degree of infirmity in Essex cases that in the national sample. A in the 85 years and over age group.

With the expansion of the service an increasing number of organisers are now being employed. Two new posts of Senior Home Help Organiser were created for Mid-Essex and North-East Essex/Colchester to co-ordinate the service, to help with the indiuction of new organisers and to develop training schemes for home helps.

Approval was given during the year to the provision of additional protective clothing in the form of household gloves which are available in thick rubber or plastic. These are helpful particularly when home helps undertake dirty or messy jobs.

At the end of the year the number of home helps employed was as follows:-

Whole-time helps	12
Regular part-time helps	1,424
Other helps (casual)	427
Total	1,863

The time worked by these 1,863 helps was equivalent to the whole-time employment of 675 helps.

The following table gives details of the cases helped and the hours provided:-

Category	New Cases	Total Cases	Hours provided
Aged Persons	2,453	8,869	1,113,558
Chronic Sick (including tuberculosis) under 65 years	347	916	112,001
Maternity	648	835	15,579
Others	351	523	26,390
Total	3,799	11,143	1,267,528

The 523 'Other' cases referred to include:-

Mental disorders under 65 years	39
Acute sickness	363
Harrassed mothers	33
Problem families	11
Absence of mothers	57

NEIGHBOURLY HELP SERVICE

For some time it had been felt that the maximum payment to neighbourly helps of £2 per week was inadequate for the service some of them provided. Following changes in the regulations relating to National Insurance and Social Security benefits the limit was raised to £3.75 per week which makes it possible to offer a more realistic payment to those who give very generously of their time for 7 days a week.

During the year 252 cases received help through this service, which is 26 more than in the previous year.

NIGHT ATTENDANCE SERVICE

The following requests for help were met during the year:-

Requests for help		43
New Cases helped		42
Total Cases helped -		
(a)	residing alone	14
(b)	inability of aged spouse	10
(c)	relief of relatives	19
	Total	43

FAMILY PLANNING

In the exercise of the extended powers given to them under the National Health Service (Family Planning) Act 1967, the following arrangements were made in 1969 whereby the County Council took advantage of the facilities provided by the Family Planning Association:-

(1) The Association have the use of Health Services Clinics without charge.

(2) The County Council reimburse the Association to the extent of the agreed actual cost of giving advice, carrying out examinations and providing supplies in medical cases to be identified by reference to the following criteria:-
   (a) any women who suffers from a specific condition, gynaecological or otherwise, which would render pregnancy injurious; and
   (b) any women in whose case pregnancy would place an undue mental, physical or social burden on herself or her immediate family.

The Association, however, continue to make their own arrangements for giving advice and carrying out examinations, providing supplies and making charges in cases other than those referred to above, subject to persons who pleaded inability to pay any charges in full, being asked to give particulars to enable an assessment to be made under the County Council's Assessment Scales. Any remissions properly allowable by the application of these scales being repaid to the Association by the County Council.

These arrangements have continued satisfactorily throughout the year.

In September 1970 the Director of the Family Planning Association drew attention to the Association's National Family Planning Agency Scheme which has been envolved in the light of experience and offered its services to the County Council as agent for the provision of family planning clinic services on the basis of that scheme.

In considering the six different applications of this scheme, the County Council accepted Application No. 6 to take effect on and from 1st April 1971 viz:

(1) that the service be restricted to residents in the Administrative County; and

(2) that free consultations and supplies be provided only to medical cases (no service to be provided on behalf of the County Council to non-medical cases).

REGISTRATION AND INSPECTION OF NURSING HOMES

There were 11 nursing homes registered by the County Council under Part VI of the Public Health Act, 1936 at the end of 1970.

AGENCIES FOR THE SUPPLY OF NURSES

One nursing agency was granted registration by the County Council during the year and at the end of the year this was the only agency operating in the administrative county.

FACTORIES ACTS, 1937 and 1948

During 1970 the functions of factory doctor in the Borough and the Rural District of Maldon were undertaken by medical staff of the Department. 74 young persons (54 males and 20 females) were examined and certificates of fitness for employment under Section 18 of the Act issued.

NATIONAL ASSISTANCE ACT, 1948

Visits to residential hostels, under the jurisdiction of the former Welfare Committee, were made throughout the year by a Principal Medical Officer on the staff of the Health Department to give advice and to review arrangements for chiropody treatment of residents.

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

A total of 273 Forms B.D.8 were completed during 1970 in respect of new cases including 19 found to be defective and 17 who were not eligible for registration.

As a result of these examinations 149 were registered as blind and 88 as partially sighted. In addition, 218 re-examinations were undertaken with a view to re-classification of the patients concerned and the diagnoses were as follows:-

Blindness	63
Partial Sightedness	110
Defective Sightedness	30
Not eligible for registration	15

The table below gives a summary of the information obtained in following up all the new cases where treatment was recommended:-

		Cause of Disability			
		Cataract	Glaucoma	Retrolental Fibroplasia	Others
New cases only:-					
(1)	Number of cases:-				
	(a) No treatment	26	5	1	138
	(b) Treatment (medical, surgical or optical)	27	29	-	41
(2)	Number of cases at (1)(b) above which on follow-up -				
	(a) Had received treatment	40	21	1	40
	(b) Had refused treatment	2	-	-	1

The County Welfare Officer (now Director of Social Services) 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 1970 was 2,056 and of these 788 were males and 1,268 females. The age groups of these patients were as follows:-

	Under 16 yrs	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70 & Over	Un-known	Total
Male	23	9	27	39	56	88	62	83	401	-	788
Female	23	15	22	25	38	56	74	95	917	3	1,268
Total	46	24	49	64	94	144	136	178	1,318	3	2,056

At the end of 1970, 680 persons were registered as partially sighted and of these 250 were males and 430 females. The age grouping of the patients was as follows:-

	Under 16 yrs	16-20	21-49	50-64	65 & over	Unknown	Total
Male	34	12	65	31	107	1	250
Female	25	9	50	48	297	1	430
Total	59	21	115	79	404	2	680

SECTION VI - THE AMBULANCE SERVICE

No changes took place in the arrangements for the ordering of ambulance transport and the control of movement of ambulance vehicles which continued to be dealt with by the Ambulance Control Centre in Chelmsford, the staff of which is assisted in their work by a number of transport officers employed at some of the larger hospitals on a joint appointment basis. An additional transport officer was appointed during the year and is based at St. Margaret's Hospital, Epping.

It did not prove possible to bring the "block booking" system, which was introduced in 1968, in any further hospitals during the year under review.

In order to improve ambulance cover in certain parts of the County approval was obtained to the purchase of five additional ambulance vehicles and the appointment of nine additional driver/attendants to man them. Owing to delays in securing the delivery of the vehicles, however, the new staff had not been appointed by the end of the year.

Deployment of Vehicles and Staff

The directly-provided service continues to operate from 27 ambulance stations and in addition the Brightlingsea Ambulance Committee continue to operate an agency station in that town.

The service is still supplemented by the Hospital Car Service provided by the Joint Committee of the Order of St. John and the British Red Cross Society which is used for conveying some sitting case patients.

An innovation this year was the introduction of a scheme whereby a private firm provide, on request, a radio equipped taxicab to convey patients from hospitals in the London Area to suitable points in Essex where they can be transferred to an ambulance vehicle and then returned home.

Staff and Staff Training

The training facilities for ambulance staff continued to be provided at Danbury Park with places being offered to local health authorities in East Anglia. During the year five 6-week courses for new entrants to the service and nine 2-week courses for staff having between 2 and 5 years service were organised. This involved a total of 197 students, of whom 127 were from other authorities. In addition, two courses were held for head drivers and a short course was held for ambulance training instructors. The high standard of instruction given at the school has been maintained and the County Council has agreed in principle that it is prepared to establish a regional training school on the basis of plans for improving ambulance training over the whole country, which are receiving consideration by the Department of Health and Social Security and the Local Government Training Board.

As in previous years some officers of the ambulance service have given instruction in first aid to some of the voluntary aid detachments which have been formed since the change in national policy in respect of civil defence. In addition, some of these detachments have used the training ground at Danbury Park for practical training sessions. A number of officers have also voluntarily given talks and demonstrations in connection with the County Ambulance Service to outside bodies.

Vehicles and Equipment

The total number of vehicles in the ambulance fleet is now 117. 14 replacement ambulances vehicles, all petrol-engined, 12 of which are dual-purpose vehicles and two of which whilst normally used as 11-seater sitting case vehicles but are capable of carrying one stretcher, were ordered. One of the dual-purpose vehicles has an automatic gear box which is being used for trial purposes. 5 additional ambulance vehicles were also ordered during the year.

Ambulance vehicles continue to be serviced in accordance with the general recommendations of the manufacturers and this continues to show satisfactory results.

Hospitals

Although three new Ford Transit sitting case vehicles with a greater seating capacity than those they replaced commenced being used in 1969 primarily in connection with the conveyance of patients to and from their homes and the Day Hospital at Severalls Hospital, Colchester, the carrying capacity proved to be inadequate to meet the increasing number of patients attending the hospital. As a result it was necessary to supplement these vehicles from others in operational service which put a heavy additional strain on the service.

During the year some of the hospitals were troubled by staff shortages and in addition a number of casualty receiving centres were closed. These two factors caused problems for the ambulance service and the latter caused considerable difficulty because of the additional mileage which had to be undertaken in travelling to another casualty receiving hospital which was invariably some distance away. Coupled with this the ambulance service had to deal with a number of minor industrial disputes and although this created further problems every effort was made to ensure that patients did not suffer unduly but in some cases delays did occur.

The arrangements whereby obstetric flying squads from selected hospitals and the emergency team based at Severalls Hospital can be conveyed if necessary to the homes of patients were continued.

First Aid and Efficiency Competition

Driver Attendants A. Downing and P. J. O'Sullivan volunteered to act as a team in the No. 5 Regional Ambulance Competition of the National Association of Ambulance Officers. They were given opportunities for training during working hours and finished seventh out of a total of 13 teams in the competition which took place at the R.A.F. Station, Stanmore, Middlesex on 27th June 1970.

National Safe Driving Competition

Two hundred and sixty-six Driver Attendants were successful in gaining awards in the National Safe Driving Competition organised by the Royal Society for the Prevention of Accidents.

Statistics

The following table shows the miles run and the patients conveyed by the directly provided service, the agency service and the Hospital Car Service:-

	Year	Directly provided service	Agency Service	Hospital Car Service	Whole Service
Patients Conveyed	1967	361,539	4,379	69,156	435,074
	1968	380,236	4,753	48,259	433,248
	1969	384,220	6,152	44,153	434,525
	1970	378,171	5,442	51,042	434,654
Mileage	1967	2,571,732	27,092	1,092,977	3,691,792
	1968	2,599,400	26,955	824,536	3,450,891
	1969	2,654,371	29,740	764,763	3,448,874
	1970	2,591,753	27,127	877,634	3,496,514
Average Mileage per Patient	1967	7.1	6.2	15.8	8.5
	1968	6.8	5.7	17.1	8.0
	1969	6.9	4.8	17.3	7.9
	1970	6.9	5.0	17.2	8.1

It will be seen that there has been little change in the total number of patients conveyed but in endeavours to improve the service to patients a larger percentage are now being conveyed through the medium of the Hospital Car Service. This resulted in the average mileage per patient rising to 8.1 compared with 7.9 in 1969. There was also little change in the number of emergency cases conveyed which amounted to 26,170 compared with 25,644 in 1969 and 26,294 in 1968.

Conveyance of Patients by Air

On two occasions during the year service helicopters were used to convey emergency cases - these involved conveying a patient to Stoke Mandeville Hospital from St. Andrew's Hospital, Billericay and another from Broomfield Hospital, Chelmsford.

Communications

Although it was intended to carry out the second stage of a four year programme to replace all the radio equipment in use in the service, further progress was deferred because of indications given by the Department of Health and Social Security that new wavebands would be allocated on a national basis to ambulance authorities. This unfortunately meant that because older type equipment is being kept in use communications between some parts of the County and the Control Centre are not always as effective as they should be.

SECTION VII - THE MENTAL HEALTH SERVICES

Training Centres and Workshops

The training centre at Saffron Walden has been transferred to the former civil defence centre which has been adapted for the purpose. Accommodation is available for up to 10 children and 40 adults and the latter are now able to undertake industrial work. The residents of Pyefleet Lodge, Braintree now attend at Saffron Walden and this has relieved the overcrowding at the Chelmsford Adult Centre which they attended previously.

The Glenwood junior centre at South Benfleet which is purpose-built, having 50 places and including a classroom specially designed for the physically handicapped, has been opened. The former Coombe Wood Centre which it replaced is being further adapted so that it may be used as a sheltered workshop for the mentally ill although it is hoped that a small number of mildly mentally subnormal adults will also attend. The workshop will provide facilities for up to 20 trainees and some of the necessary equipment is being made at the Mile End training centre. The existing workshop for the mentally ill at Harlow has now been in operation since 1966 and a report which has been prepared by Mr. W. A. Waters, the Manager, on the activities during this four year period is set out in Appendix 'A'.

In my last Annual Report I referred to the arrangements which were being made for 16 specially selected patients from South Ockendon Hospital to attend the Dilkes Wood centre at Aveley and I am now pleased to report that the scheme commenced on 1st January 1970. This has proved to be very successful being of particular benefit to the patients and having advantages to the hospital authorities. It is now hoped that it will be possible to extend this scheme.

Although long-term plans include provision for an adult training centre to serve North-East Essex it was apparent that this project would not be completed before 1st April 1971 when the local education authority would become responsible for the education of all mentally subnormal children. As a result it was decided to provide a demountable workshop at the Mile End adult training centre so that the 25 adult trainees who attended the Lexden junior training centre could be transferred to the new accommodation and thus enable the Lexden centre to be available for children only. By the end of the year tenders for this scheme had been invited although it became clear that the project would not in fact be completed before April 1971.

Terms have been agreed for the purchase of a site for an adult training centre at Harlow and plans have been prepared for the adult training centre at Chigwell which is expected to go out to tender early in 1971.

Transport - The expansion of industrial work at training centres for the mentally subnormal and at workshops for the mentally ill has been hampered to some extent by the lack of readily available transport. At the present time centres are primarily dependent on firms who can transport their own goods although occasionally vehicles are hired from the Supplies and Transport Department. In order to improve the situation a dual purpose vehicle has been ordered for use initially by the Mile End centre. This will be so equipped that it may also be used for the conveyance of trainees in connection with other centre activities and the driver will be employed as a handyman when not undertaking driving duties.

Chiropody - Following the success of the provision of physiotherapy in junior training centres I am now pleased to report that a pilot scheme has been introduced whereby a chiropodist provides treatment for trainees at the Chelmsford adult training cente. This will initially cover a period of 12 months and is due to be assessed in the autumn of 1971.

Clerical Assistance - The development of the industrial-orientated adult training centres at Chelmsford, Colchester and Aveley has increased the clerical and ancillary duties of the managers and during the year a part-time clerical assistant has been appointed at each of these centres. This enables the manager to devote more time to supervision and direction of both trainees and instructors.

Swimming Pools - "Project 67", the organisation formed specifically to raise funds to build a swimming pool at the Harlow junior training centre, formally handed over the covered heated pool to the County Council on 11th July 1970. Swimming is now a frequent and regular part of this centre's curriculum. Somewhat similar organisations are now raising funds for swimming pools at the Chelmsford junior centre and the Glenwood centre, Benfleet.

Play Groups - The Harlow and District Society for Mentally Handicapped Children provides facilities for some children for whom care in the special care unit at the Harlow junior training centre can only be given for two days a week. At Chelmsford the Salvation Army Play Group for mentally handicapped children which provides care for approximately 8 children for 2½ hours every Friday morning to relieve mothers while they do their weekend shopping now have a nurse in attendance as well as their other voluntary helpers. The Benfleet and District Society's play group at Hadleigh continues to flourish, there being 12 children on the roll and a part-time nurse being appointed. Arrangements have been made to provide financial assistance towards this group's travelling expenses on the same lines as the grant made to the Harlow Society.

Adverse weather conditions - On 4th March 1970 heavy falls of snow indicated that it might be necessary for some trainees to spend the night at training centres. Wherever possible trainees were sent home early but at Chelmsford and Harlow it did not prove possible to send all the children home. In Harlow the David Livingstone Club took home and cared for trainees who could not return to their own homes whilst at Chelmsford after the taxi contractor and centre staff had stayed on during the evening organising emergency transport it became necessary to care for 9 trainees at the centre. Arrangements were made for mattresses and blankets from the Disaster Stores of the former Welfare Department to be taken to the centre by the County Supplies Department and four members of the staff and the husband of one of them stayed overnight to care for the children.

Staff Training - Six members of the staff were seconded during the year to full-time courses of study leading to the Diploma for Teachers of the Mentally Handicapped. In-service training continued for other members of training centre staff and in addition a discussion took place between representatives of the County Architect and the supervisors and managers of the centres in regard to the design of future establishments. In addition, the managers and supervisors have meetings at regular intervals to discuss subjects of special concern to them.

Residential Accommodation

Limbourne House, Clacton-on-Sea, which is the County Council's second hostel for mentally subnormal children, opened on 1st August 1970. It is adjacent to the Clacton junior training centre where places are available for the 20 children who can be accommodated in the hostel. The children return to their own homes every third weekend and during school holidays so that an essential family relationship is sustained. During the holiday periods wherever practicable the hostel accommodation is used for providing short-term care for other children. Reciprocal relief arrangements during the times of centre holidays have been made with Holliwell Lodge, Stanway, the other children's hostel, in order to achieve the maximum use of the available accommodation and staff.

It had been the practice for meetings to take place at each hostel once a quarter in order to deal with any administrative problems which arose. During 1970 it was decided to have bi-monthly meetings at which the Warden, the County Psychiatric Social Worker, and the supervisor or manager of the relevant training centre would be present. These meetings have furthered the team work approach to residential care and enable plans for the future of the residents and their family relationships to be kept under review. At these meetings personal problems of residents are examined by the whole team with increasing understanding of each one's point of view and the factors prompting it.

Small Family Unit Scheme - For some time it has been thought that some mentally subnormal adults who do not present any major problems but need residential care might be able to manage if accommodated in a substitute family environment rather than in a comparatively large hostel. In furtherance of this approval has been obtained to leasing a pair of adjacent three bed-roomed houses on a new estate being built by the Urban District Council of Braintree and Bocking. Subject to satisfactory financial agreement minor adaptations to the buildings will be made during the course of construction and it is hoped that by the autumn of 1971 up to 8 mentally subnormal adults with a resident warden will be in occupation. It is intended that this unit will be closely associated with Pyefleet Lodge, Braintree.

Alternatives to Residential Care - Considerable efforts are made nowadays to assist mentally subnormal persons to remain in the community wherever possible, preferably with their families, and the three following cases give an illustration of action which has been taken in furtherance of these aims.

Owing to changing family circumstances a father was left alone to care for his mentally subnormal son aged 20 years who has major epileptic fits. Although the father was anxious and willing to undertake the care of his son this would have meant giving up his livelihood. The County Council are making a weekly grant to the father equivalent to the net cost of maintaining the son in residential accommodation of similar standard and the father has given up paid employment to care for him. In this particular case the father is able to undertake some freelance work at home during some part of the day whilst his son is at a training centre.

A severely subnormal girl of 14 lives with her father, mother and 8 brothers and sisters in a three-bedroomed Council house although primarily because of the overcrowded conditions it became necessary for the County Council to arrange at their expense for the girl to spend more and more time in residential accommodation. Better accommodation had been offered to the parents by the local housing authority, the Braintree and Bocking Urban District Council, but they were reluctant to move from their surroundings where they have sympathetic neighbours. Following discussions between officers of the County Council and the District Council the latter have constructed an extra room at the home so that the girl can remain with her family. The County Council are paying a grant to the District Council representing the difference between the economic rent for the extension and the actual additional rent being paid by the father.

The third case relates to a severely subnormal boy aged 17 years who had been in a hostel since 1967 because he was too destructive to share a bedroom with his brother although he could have been cared for at home if suitable accommodation had been available. The parents, who are owner/occupiers, have now arranged for an additional bedroom to be built

and the County Council are meeting the cost of the interest element of the additional mortgage repayments which this has entailed.

Subnormality Out-patient Clinics

Following an enquiry from one of the consultant psychiatrists at the Royal Eastern Counties Hospital, Colchester, arrangements have been made for the health services clinic at Coval Lane, Chelmsford to be made available to him for an out-patient clinic for mentally subnormal persons. This will enable the hospital medical staff to keep in closer touch with patients in the area who are awaiting admission to hospital and will enable them to see other cases being referred for admission. For the time being one session a month is being held.

Fieldwork

By the end of 1970, 52 mental health social workers (including trainees) were employed. Of these, 20 are professionally qualified, 6 hold the Letter of Recognition, and 10, including 5 trainees, are currently attending full-time professional courses.

The increasing interest and experience of social workers in co-operation with residential units is referred to in the paragraphs relating to residential accommodation and particular expression was found in the study day referred to later in the report. The report on the activities of Netteswell Workshop, Harlow, mentioned earlier also pays tribute to the vital supportive role of the social workers.

More social workers have become involved in work, much of it during their own time, with the Phoenix Group, a voluntary organisation which provides residential homes. Support of psychiatric social clubs continued and more therapeutic social work groups were begun by individual social workers, two of whom were sponsored to attend a recognised part-time group work course in London.

The joint social worker appointment with South Ockendon Hospital has continued although there are certain difficulties in this particular situation. It is however hoped to recruit a second social worker on a similar basis in the near future.

At four of the five district offices appropriate staff supervise the social work of students undertaking professional training. A report is set out in Appendix 'B' on the first academic year's work of the counselling service which is provided for students attending the ten colleges of further education in the Administrative County.

Study Day 1970

The theme "Residential Accommodation for the Mentally Disordered" was used for the study day for mental health staff held at the County Education Centre, Rainsford Road, Chelmsford on 11th June, 1970. As on previous occasions members of the staff of the Education, Children's and Welfare Departments and the hospitals participated.

Various aspects of residential care were introduced by members of the staff concerned with the different elements of the mental health service, i.e. a doctor, social workers, the Organiser of Training Centres, hostel wardens and administrators. Discussion groups were formed from which a number of useful points emerged which will be taken into account in future developments.

Films

In 1968 Professor Herbert Goldstein of Yeshiva University, New York, visited Essex during his tour of various European countries in order to make a film for the use of the Office of Education of the United States of America about the services provided for mentally retarded children. The film has now been completed and includes sequences filmed in Sweden, Norway, Denmark and Holland as well as in the United Kingdom. Three local health authorities in England, the Corporation of Birmingham, the City and County of Kingston-upon-Hull and the County Council of Essex, and featured in the film and so far as Essex is concerned scenes taken at the Harlow junior training centre, the junior and adult centres in Chelmsford, the children's hostel at Stanway, a social worker's visit in West Essex and a school leavers' case conference in Colchester are included. The film was on short term loan only to the Department of Health and Social Security and has been returned to the United States of Amercia, but as it is considered to be useful for exhibition to lay audiences it is hoped that a copy can be obtained for use in Essex in due course.

The County Council's second film is now in production by the health education staff in association with the Visual and Aural Aids Service of the Education Department. This will illustrate the educational and social needs of mentally handicapped adults who attend training centres.

REPORT OF THE CHIEF DENTAL OFFICER

The full statistical returns are shown on page 44 of the Report.

Once again, the pattern and extent of dental inspection and treatment for expectant and nursing mothers and for pre-school children is remarkably similar to that of previous reports. For comparison, the figures for 1969 are shown in parenthesis hereunder: 3,624 (3,245) children were inspected during the year and 1,547 (1,518) were offered treatment. 1,350 (1,395) individual children received treatment and the total number of visits was 3,309 (3,306). Slightly more additional courses of treatment 131 (115) were undertaken, and slightly fewer courses of treatment completed 1,051 (1,079). A greater number of fillings was carried out in 1970, 3,391 (3,064) and fewer teeth were extracted, 676 (747), an encouraging trend. No significant differences are to be seen in the totals of other forms of treatment and whilst it is highly desirable to increase the inspection and treatment services for pre-school children in order to control more serious dental disease later on, such an expansion is dependent on the ability to recruit more dental officers.

Attention has been drawn in previous annual reports to the diminishing numbers of expectant and nursing mothers inspected and treated each year, but the totals for 1970 show very little reduction on those for 1969. 335 (346) mothers received a first inspection during the year, 272 (289) of them were offered treatment and 267 (285) individuals made a total 814 (810) visits for treatment. 688 (687) fillings were carried out, whilst there was a considerable reduction in the number of teeth extracted, 113 (220). More mothers received scaling and polishing, 195 (183), fewer dentures 34 (36) were supplied and fewer courses of treatment completed, 190 (258) during 1970.

Overall, for both expectant and nursing mothers and for pre-school children, the pattern of treatment shows a tendency towards increased conservation of teeth with fewer extractions. This desirable trend, which involves the more time consuming nature of fillings, as compared to extractions, is reflected in the increased number of sessions, 758 (669) spent on the treatment of maternity and child welfare patients during 1970.

Staff

Out of the total authorised establishment of 49 Dental Officers of all grades, 35.2 were in post at the end of the year compared with a full-time equivalent of 28.2 at the end of 1969. Additionally, the full-time equivalent of 4.3 dental auxiliaries were employed at 31.12.70 as compared to 2 at 31.12.69. The number of half-day sessions spent on the Maternity and Child Welfare dental services, 758, together with 28 sessions devoted to Dental Health Education, represents 6% of the time of the dental staff.

The distribution of dental staff throughout the County was uneven, the position being satisfactory in Colchester, Basildon and South-East Essex, moderately satisfactory in North-East Essex, Mid-Essex and West Essex but inadequate in Harlow and Thurrock. Nevertheless there has occurred an overall improvement, which it is hoped will continue.

Three Area Dental Officers attended the Annual Conference of the British Dental Association held in Manchester in July, and four dental officers attended short 2-day refresher courses during the year. Liaison was maintained with other branches of the dental profession through membership of various committees and attendance at local scientific and professional meetings.

The Chief Dental Officer obtained the diploma in Dental Public Health in July after attending the course of study in London for 2½ days each week for one academic year. After assessing the value of this diploma the County Council decided that one member of the staff should attend the course each year, and the Area Dental Officer for West Essex duly commenced his studies in October.

Premises and Equipment

At the end of 1970, the authority had 39 fixed clinics with one surgery and 9 clinics with two surgeries, which, together with two mobile clinics, gave a total of 59 surgeries available, of which 56 were in use, although not all on a whole-time basis. The two mobile dental clinics were delivered in May and June for use either as additional surgery accommodation for a dental auxiliary at busy one-surgery fixed clinics or to enable treatment to be taken to rural schools by a dental officer. One mobile clinic has been in continuous full-time use since September by a dental auxiliary in West Essex and the other in South-East Essex by dental officers at Thundersley and Hullbridge.

A dental suite is incorporated in the new clinic on the Greenstead Estate, Colchester, and additional surgeries were provided at the Braintree, Stanford-le-Hope and Aveley clinics. At the very end of the year the clinic services provided at Glasson House, Grays, which was due for demolition, were transferred to Palmers Avenue, Grays, where the building, although not designed as a clinic, has been adapted satisfactorily.

Another 10 clinics were provided with electrically operated aspirators to ensure adequate suction particularly where general anaesthetics are administered and, in general, having regard to the need for limitation of expenditure, every opportunity has been taken to keep equipment up to date. The changing pattern of dental equipment and instruments together with their ever increasing cost has been the subject of careful assessment during the year.

Radiation monitoring of the staff was repeated during the year and general anaesthetic apparatus received regular servicing to ensure safety and proper working.

Dental Health Education

Although the greater part of the duties of the full-time Dental Health Assistant is taken up with dental health education in schools, she, together with the dental auxiliaries, who are encouraged to spend a small proportion of their time in this work, have been able to carry out dental health education work with mothers at ante-natal and post-natal clinics, and at toddlers' clinics. Great importance is attached to dental health education in Essex as potentially one of the best methods of preventing dental ill health and it is felt that contact with mothers, at a time when they are particularly receptive to advice, is extremely valuable. No occasion is lost of enlisting the help of health visitors who have unique opportunities of advising mothers on dental matters.

A pilot scheme of sending 3 year old birthday cards, containing an invitation to visit the clinic for a dental check-up, in the Stanford-le-Hope area was approved and the design of card finalised. The scheme will start in 1971 and the response observed with a good deal of interest. Thanks are due to the County Health Education Officer and his staff, who, despite their very heavy commitments in all the other fields of health education, have given generously of their time and talents in promoting dental health.

General Observations

As mentioned in almost every annual report in the past, the Authority's dental service needs more manpower if it is to cope adequately with the ravages of dental disease. Such is the extent of dental ill-health in children and adults alike that twice the number of dental staff would still be hard put to control matters. It is unrealistic, both on national dental manpower and financial grounds, to look forward to any such increase in staff and it appears quite plainly that prevention is the answer. The teaching of proper dietary habits and oral hygiene is an important part of prevention, but the continuing delay in the fluoridation of water supplies on a national scale is depriving children of the other great preventive factor. In Essex, where the 1969 survey of the teeth of 5 year old school children living in the naturally fluoridated areas and non-fluoride areas of the County demonstrated beyond reasonable doubt the beneficial effects of fluoride in reducing dental decay by half, it is to be regretted that so many children are not receiving this benefit, which is cheap, effective and harmless to general health.

John Timmis

APPENDIX 'A'

Netteswell Workshop, Harlow

"Netteswell Workshop has now been functioning since July 1966. Fifty-four trainees covering a very wide range of psychiatric problems would appear to have been happily settled in industry. Thirty-nine failed to remain at the workshop by virtue of their inability to maintain the basic standard of training required. Five moved on to Government Training Schemes and seven removed to other areas. At present there are seventeen trainees on roll. A total of one hundred and twenty-two trainees have been registered.

It is not easy to generalise on the specific mental illness appertaining to the trainee acceptable to the workshop. Undoubtedly the depressive illnesses form a significant section. Personality disorders coupled with an inability to work in a group have been common. Schizophrenia in its early manifestation has also been evident on some medical recommendations. In this field, as an arresting factor, the workshop has been of some value. Basic inadequacy does appear to be a problem which makes work supervision a difficult task. There are at present seven trainees of the high grade subnormal pattern. Having left schools for special educational treatment, these unfortunate adolescents have had bitter and frustrating experience in their initial attempt to hold down jobs. It does seem that there is much work for other agencies to do in this field.

The successful application of methods to assist trainees to return to industry must inevitably lead to the vexed question of selection. Pressures have had to be resisted to avoid the workshop having a preponderance of chronic cases which could quite easily lead to a static situation. All recommendations by the general practitioner or the consultant are considered and where a potential trainee appears to be a poor work prospect, the opportunity for a fairly controlled test or trial period is given. It is felt that working in an atmosphere where employment is a key subject could be most damaging to a sick person for whom outside employment is virtually impossible. The knowledge of what is required in industry leads us to become very practical when assessing the potentiality of a candidate for work. One cannot over-emphasise the value of the Area Psychiatric Social Worker's contribution to the selection process and that of his staff in their background work in liaising with doctors and consultants regarding suitability for training, on medical grounds, of would-be entrants. Following a successful interview with the manager and the area psychiatric social worker, admission can be effected within a very short time. Continuing support to the manager through social work with the families etc. is vital. It would be virtually impossible to recruit and maintain trainees without this assistance (support from the area social work office being the life-line of the unit).

Harlow is reasonably well served by public transport and practically every trainee has managed the journey to Harlow without undue strain. In some cases the journey in itself has been of therapeutic value. Much new information is gained from the trainee during the course of a full day within the workshop, such as his reaction to working within the group, his continuity of effort and the general reaction to a changed environment. The social worker is able to visit his clients at the workshop thereby discussing welfare in a setting unrelated to the home. At times, vital and urgent information emanates from the trainees which may call for discussion with other agencies. Some trainees have entered the workshops whilst still in-patients at hospital, spending each day at the workshop and eventually being discharged and getting a job. In many cases this contrast to the less demanding occupational therapy department has been a good sign that the patient is recovering and requires a more challenging environment. It is encouraging to know that the value of the workshop is recognised by the two local hospitals and that the liaison arrangements have worked well. The proximity of the workshop to East Hertfordshire has enabled the Hertfordshire Authority to sponsor some trainees under an inter-County arrangement. It is pleasing to report that the service has met with some good results in this corner of Hertfordshire.

Perhaps next in importance to the welfare of the trainee is the supply and demand for work at the workshop. The manager must of necessity strive to maintain a balance between the number of workers available as against work contracts and delivery dates. From the practical stand point, the question of work availability is really vital. In the sheltered workshop situation and bearing in mind the standard expected of a County establishment, quality work at good rates is the aim. It is gratifying to report success in this field and a matter of satisfaction to learn that the contribution to commerce generally has been of real value. As a matter of principle work of the cut-price variety has been turned down. Owing to a lack of skills there is the ever present problem of obtaining sufficient work which is of interest. Long runs of repetitive items do not help rehabilitation but of necessity there is a stock of these items to use when required. If a concerted effort is required to meet a production deadline every endeavour is made to regard it in the light of a controlled exercise, using the pressure as an aim on a competitive basis.

In an accepting environment such as that at Netteswell it is most heartening to witness different behaviour patterns hitherto frustrated. Within the workshop there is a subtle balance between a free and open-looking regime and a finely poised production drive which of necessity has been the theme accompanying all the actions of the staff. It is thought this subtle balance has been maintained, which in turn, has given the unit a unique character. Many hitherto sick trainees have responded extremely well to the structured day previously denied them and to attend from 9 a.m. until 5 p.m. with an hour for lunch, and perhaps one and a half hours' travelling time

added, inevitably leads to an experience of some consequence. Social contact too has had sudden and good effect, the value of which is immediately noticeable.

The next step is seen as an attempt to increase the scale of referrals to the workshop from general practitioners in West Essex."

W. A. WATERS
Manager

APPENDIX 'B'

First Report on the Counselling Service for Further Education Establishments

The County Council authorised this service in April 1969. It is provided by the County Health Department for and at the request of the Chief Education Officer, and conducted in accordance with the proposals agreed by this Sub-Committee in February 1969.

This review of development so far is made in accordance with those proposals. It is timed to include as much of the first academic year of operation as possible without missing the appropriate pre-recess Committee meetings.

Inaugural Activity

Authorisation in April was followed during the summer term by appointment of the part-time Counsellors and their individual introduction to colleges by the County Psychiatric Social Worker. The service was everywhere "in business" by early in the Autumn Term, except at one college which awaited the appointment of a new Principal. As anticipated, the important process of getting to know, and be known in, one's college is gradual, and the build up of usage of Counsellors has been healthily slow. This was expressed in the original proposals to Members as "a modest beginning with preparedness to develop steadily from that point to keep pace with response".

Early Progress

Some indication of how the service may expect to be used generally, is provided by the pattern of its pilot scheme at one of the ten colleges, now completing its fourth year of operation. The following term by term statement of the number of referrals and of interviews conducted segregates experience at this one college from that in the remaining colleges:-

	Referrals			Interviews		
	Pilot Scheme	Rest of Service	Total	Pilot Scheme	Rest of Service	Total
Term 1 (Autumn)	7	11	18	43	27	70
Term 2 (Spring)	14	17	31	66	62	128
Term 3 (Summer)	12	20	32	60	78	138
Totals	33	48	81	169	167	336

The third (current) term figures are estimated on a basis of experience so far in less than half of the term.

It is probably inevitable that a sincere and necessary testing out by staff and students of how a Counsellor can best be used results in the early stages in a proportion of not altogether appropriate referrals. Again the ratio of referrals to interviews reflects this in the main part of the service contrasted with the pattern at the pilot scheme college, especially in the first term. The early experience of the service as a whole nevertheless includes a wide range of highly appropriate referrals which have been matched by interviews in suitably intensive depth. Excluding the pilot scheme college only three (about 10%) of those referred in the first two terms have required the involvement of psychiatric help.

It is interesting to contrast the term by term build up shown above with the earlier experience of some college welfare officers (part-time members of teaching staff) who found the bulk of referrals occurring between September and Christmas with little use of their services during the rest of the academic year.

The new Principal at the college where a beginning was delayed pending his appointment and views, has welcomed the prospect of counselling, a Counsellor has been introduced and is in process of getting to know the college, with expectations of referrals beginning in earnest next term.

One college had anticipated having little to refer to a Counsellor, is therefore sharing a Counsellor with a college where there is considerable usage of his services, and has not in fact referred anyone so far.

Elsewhere the few early problems of acceptance and understanding by college staff of a new idea, something that might too easily be interpreted as a reflection on established college channels and the tutorial system - which the service most certainly is not - have so far been worked through in discussion. The level of interest and often enthusiasm among senior college staff particularly, as also in a few instances their determination to give the service a fair chance despite a personal scepticism, has been encouraging.

There has been no significant comment on the service by students as a whole so far. Some reserve and a desire to judge the service on its deeds and attitudes is understandable. In the first two terms out of 49 referrals 21 were self-referred. Both the right of self-referred and the principle that the Counsellor is simply an additional channel coming from outside the college (and independent of it) seem generally welcomed by students and thus important to maintain and develop.

The Counsellors themselves are finding that increasing pressure of other commitments call for a firm self discipline to secure the necessary time to devote to their colleges. Non-counselling colleagues in the Health Department have been helpful and understanding, for example, in exchanging on-call duty days so that the Counsellor is free to keep his college appointments. The

prospect of organisational change in the social services will increasingly add to the load of the County Psychiatric Social Worker and the Area Psychiatric Social Workers particularly, and some relief may prove necessary.

At the college where counselling is in its fourth year the Counsellor is already tending to spend more than the budgeted maximum of one day per week. Two colleges intended to share a Counsellor because they anticipated little usage are now clearly going to need one each as soon as possible.

The demands of the work in terms of skill and experience already amply reinforce the original recommendation for a salary grading above the basic. This recommendation was only implemented to the extent of the compromise of a progession from basic grade to the grade above. One Counsellor has just resigned on appointment to a senior officer grade post elsewhere. He is likely to be difficult to replace on the compromise progressive grade.

Administration

The case work and case records of counselling are entirely decentralised to the individual counsellor, with consultation available at all times from the County Psychiatric Social Worker. All Counsellors produce a termly return from which the data given above is compiled. Central meetings of the Counsellors take place with the County Psychiatric Social Worker to review developments, discuss common problems, examine and evaluate patterns of need and help, and to plan recommendations. Although all Counsellors also function for the main part of their working year in the Mental Health Service their counselling records and administration are quite separate. Administrative cost so far has been primarily in terms of secretarial help, stationery and office equipment, and of course travelling expenses. Despite a slow case build up, hard pressed secretarial resources in outposts of the Health Department are already feeling the extra load. The readiness of senior Health Department adminstrators to advise about office equipment, files or indeed anything else is very much appreciated.

National Developments

National interest in counselling has developed, particularly with the appointment of full-time Counsellors at several universities. The County Psychiatric Social Worker has become a member of a counselling working party at London University Institute of Education to examine developments.

The Essex County proposals for a social worker based service, written in June 1968, reviewed the few counselling models elsewhere and commented that for instance, Cambridge University Student Mental Health Service did not ordinarily involve social workers. It may be of interest that Cambridge began in April 1969 to employ an experienced Psychiatric Social Worker as full-time Counsellor in its re-christened "University Medical Counselling Service".

The Counsellor at the college now completing its fourth counselling year was sponsored by the County Health Department to present a paper on some part of his counselling experience to the Fifth International Conference for Suicide Prevention in September 1969.

Immediate Local Plans

There is provision in the approved establishment and the current revenue estimates for the promotion of three more basic grade social workers to the progressive grade and to allot them extra responsibility including counselling. This will be done as soon as individual members of the existing trained mental health social work staff reach a suitable stage of readiness. It is intended that they will be assigned duties as follows:-

(a) one additional at St. Osyth's College (to assist the Area Psychiatric Social Worker Counsellor there)

(b) one for Loughton College of Further Education instead of the present shared Counsellor with Harlow Technical College

(c) one to relieve at least part of the County Psychiatric Social Worker's responsibility at Brentwood, thus increasing his opportunity to concentrate on his overall responsibility for the Counselling service.

As indicated in the report to Members in February 1969, discussions will soon take place with the London University about the possible development of a training course in counselling using the Essex Service for field work placement experience and thus its counsellors as field work supervisors.

TABLE I – POPULATION, BIRTHS, DEATHS, AND ANNUAL RATES, 1970

Health Area and County District	*Estimated Mid-year population*		*Estimated Net Migration*	*Live Births*		*Deaths*		*Infant Deaths*		*Stillbirths*	*Deaths under 1 week*	*Perinatal Mortality Rate+*
	1969	1970		*No.*	*Rate**	*No.*	*Rate**	*No.*	*Rate†*			
Harwich B.	14,870	15,050	148	234	15.5	202	13.4	5	21	2	2	17
Brightlingsea U.	6,150	6,300	156	96	15.2	102	16.2	6	63	5	4	89
Clacton U.	35,730	35,920	539	410	11.4	759	21.1	3	7	5	1	14
Frinton and Walton U.	12,060	12,320	406	94	7.6	240	19.5	1	11	2	-	21
Halstead U.	7,050	7,160	86	123	17.2	99	13.8	3	24	-	2	16
West Mersea U.	3,840	3,980	149	46	11.6	55	13.8	1	22	1	-	21
Wivenhoe U.	4,420	4,580	115	80	17.5	35	7.6	2	25	3	1	48
Halstead R.	18,150	18,500	282	309	16.7	241	13.0	6	19	4	4	26
Lexden and Winstree R.	28,360	28,940	403	535	18.5	358	12.4	5	9	10	3	24
Tendring R.	28,100	28,500	347	466	16.4	413	14.5	9	19	2	5	15
NORTH-EAST ESSEX	158,730	161,250	2,631	2,393	14.8	2,504	15.5	41	17	34	22	23
Chelmsford B.	56,900	57,840	340	1,060	18.3	460	8.0	12	11	10	8	17
Maldon B.	12,920	13,260	284	239	18.0	183	13.8	4	17	4	2	25
Braintree and Bocking U.	23,380	24,060	492	470	19.5	282	11.7	6	13	4	3	15
Brentwood U.	58,250	59,250	836	781	13.2	617	10.4	11	14	7	6	16
Burnham on Crouch U.	4,510	4,640	111	79	17.0	60	12.9	3	38	1	-	13
Witham U.	13,080	16,270	2,931	416	25.6	157	9.6	13	31	5	7	29
Braintree R.	25,120	24,440	-857	462	18.9	285	11.7	7	15	1	5	13
Chelmsford R.	64,730	66,620	1,435	1,141	17.1	686	10.3	16	14	12	10	19
Maldon R.	19,580	20,100	371	395	19.7	246	12.2	5	13	3	1	10
MID-ESSEX	278,470	286,480	5,943	5,043	17.6	2,976	10.4	77	15	47	42	17
Benfleet U.	46,270	46,860	231	840	17.9	481	10.3	8	10	9	5	16
Canvey Island U.	24,420	26,470	1,770	545	20.6	265	10.0	6	11	3	3	11
Rayleigh U.	25,920	26,530	479	382	14.4	251	9.5	2	5	5	1	16
Rochford R.	39,290	39,990	423	762	19.1	485	12.1	13	17	6	11	22
SOUTH-EAST ESSEX	135,900	139,850	2,903	2,529	18.1	1,482	10.6	29	11	23	20	17
Saffron Walden B.	10,030	10,190	175	148	14.5	163	16.0	-	-	-	-	-
Chigwell U.	56,030	56,500	289	628	11.1	447	7.9	8	13	13	5	28
Epping U.	11,380	11,560	108	176	15.2	104	9.0	1	6	1	1	11
Waltham Holy Cross U.	13,670	13,790	-47	266	19.3	99	7.2	9	34	5	4	33
Dunmow R.	23,510	23,940	358	338	14.1	266	11.1	4	12	2	2	12
Epping and Ongar R.	43,340	44,300	625	669	15.1	335	7.6	13	19	6	10	24
Saffron Walden R.	19,880	20,340	388	307	15.1	235	11.6	4	13	5	4	29
WEST ESSEX	177,840	180,620	1,896	2,532	14.0	1,649	9.1	39	15	32	26	23
HARLOW U.	76,240	79,510	2,142	1,466	18.4	338	4.3	16	11	15	9	16
THURROCK U.	124,830	127,870	1,863	2,141	16.7	964	7.5	33	15	24	15	18
BASILDON U.	122,760	126,180	2,083	2,209	17.5	872	6.9	31	14	23	22	20
COLCHESTER B.	75,210	76,970	1,223	1,418	18.4	881	11.4	31	22	13	17	21
ADMINISTRATIVE COUNTY	-	1,178,730	20,684	19,731	16.7	11,666	9.9	297	15.1	211	173	19.3
Administrative County, 1969	1,149,980	-	11,744	20,169	17.5	11,804	10.3	271	13.4	228	160	19.0

*per 1,000 estimated population †per 1,000 live births +per 1,000 total births

TABLE II – CAUSES OF DEATH BY AGE, 1970

B. List Number	Cause of Death	Males									Females								
		0-	15-	25-	35-	45-	55-	65-	75-	Total	0-	15-	25-	35-	45-	55-	65-	75-	Total
5,6	Tuberculosis	-	-	-	-	1	3	5	3	12	-	-	-	-	2	1	1	2	6
1-4,7-18	Other infective and parasitic diseases	10	1	1	2	1	3	1	-	19	6	-	-	-	-	1	1	6	14
19(1)	Malignant neoplasm, buccal cavity and pharynx	-	-	1	-	2	8	7	12	30	-	-	-	-	2	2	6	4	14
19(2)	Malignant neoplasm, oesophagus	-	-	-	1	4	9	15	11	40	-	-	-	1	1	5	6	9	22
19(3)	Malignant neoplasm, stomach	-	-	2	2	14	31	55	41	145	-	-	1	2	3	14	30	35	85
19(4)	Malignant neoplasm, intestine	-	-	2	5	8	27	57	58	157	-	-	-	5	21	30	53	58	167
19(5)	Malignant neoplasm, larynx	-	-	-	-	2	2	3	6	13	-	-	-	-	-	1	-	2	3
19(6)	Malignant neoplasm, lung and bronchus	-	-	1	10	38	159	225	90	523	-	-	-	5	17	36	45	33	136
19(7)	Malignant neoplasm, breast	-	-	-	-	-	-	1	1	2	-	1	2	13	48	68	49	50	231
19(8)	Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	1	1	2	14	12	20	16	66
19(9)	Malignant neoplasm, prostate	-	-	-	-	-	4	26	51	81	-	-	-	-	-	-	-	-	-
19(10)	Leukaemia	3	2	4	4	3	4	7	8	35	5	-	-	1	1	3	9	11	30
19(11)	Other malignant (incl. lymphatic etc.) neoplasms	9	5	6	12	32	83	105	77	329	8	5	13	20	38	68	108	101	361
20	Benign neoplasms and neoplasms of unspecified nature	3	1	1	1	-	6	1	2	15	2	-	-	-	-	3	2	5	12
21	Diabetes Mellitus	-	-	1	1	1	9	13	18	43	-	1	-	1	3	5	22	29	61
22,46(1)	Other endocrine, nutritional and metabolic diseases	5	1	-	1	2	8	2	3	22	2	1	-	1	1	2	4	7	18
23,46(2)	Diseases of blood and blood forming organs	1	-	-	1	-	3	2	6	13	1	-	-	-	-	2	3	18	24
46(3)	Mental disorders	-	-	-	-	-	3	1	7	11	-	-	-	-	1	2	3	20	26
24,46(4)	Diseases of the nervous system and sense organs	8	4	5	5	3	13	22	18	78	11	2	3	3	5	7	28	27	86
46(5)																			
26	Chronic rheumatic heart disease	-	-	-	2	5	14	16	10	47	-	-	-	4	7	16	28	29	84
27	Hypertensive disease	-	-	-	2	6	17	25	29	79	-	-	-	-	2	6	23	70	101
28	Ischaemic heart disease	-	-	5	39	163	345	534	544	1,630	-	-	-	3	24	91	283	646	1,047
29	Other forms of heart disease	1	-	3	1	5	15	51	131	207	2	-	-	1	2	11	35	253	304
30	Cerebro-Vascular disease	1	1	-	5	19	70	185	378	659	1	-	4	5	28	61	198	722	1,019
25,46(6)	Other diseases of circulatory system	-	1	1	4	11	27	64	116	224	-	-	-	4	7	16	44	205	276
31	Influenza	1	1	-	5	3	13	28	31	82	-	1	2	1	2	8	22	35	71
32	Pneumonia	16	2	2	4	12	26	102	256	420	16	2	3	6	9	21	86	393	536
33(1)	Bronchitis, emphysema	1	-	-	1	10	59	136	158	365	1	1	-	3	5	11	31	49	101
33(2)	Asthma	-	1	1	-	3	1	5	2	13	1	-	1	1	5	6	4	3	21
46(7)	Other diseases of the respiratory system	24	2	-	1	5	13	13	16	74	9	-	2	1	-	5	14	24	55
34	Peptic ulcer	-	-	-	1	1	8	8	21	39	-	-	-	-	1	-	5	19	25
36	Intestinal obstruction and hernia	3	-	-	-	1	2	3	8	17	4	1	-	-	-	3	9	15	32
35,37,46(8)	Other diseases of the digestive system	1	1	-	2	7	13	18	21	63	1	1	1	1	9	9	25	32	79
38	Nephritis and Nephrosis	-	1	2	1	4	7	3	4	22	-	1	2	1	1	1	9	11	26
39	Hyperplasia of prostate	-	-	-	-	-	3	10	30	43	-	-	-	-	-	-	-	-	-
46(9)	Other diseases of the genito-urinary system	-	-	-	1	1	4	5	22	33	1	-	-	-	3	1	10	30	45
40,41	Complications of pregnancy, childbirth and puerperium	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	2
46(10)	Diseases of the skin and subcutaneous tissue	-	-	-	-	1	-	1	1	3	-	-	1	-	1	-	-	2	4
46(11)	Diseases of the musculo-skeletal system etc.	1	-	-	-	2	3	2	8	16	-	1	-	-	2	2	5	38	48
42	Congenital anomalies	48	1	-	-	3	1	1	-	54	37	3	2	-	5	1	-	2	50
43,44	Certain causes of perinatal mortality	78	-	-	-	-	-	-	-	78	58	-	-	-	-	-	-	-	58
45	Symptoms and ill defined conditions	2	-	-	-	1	-	2	13	18	-	-	-	-	-	1	-	48	49
47	Motor vehicle accidents	18	28	13	6	16	17	11	11	120	10	6	2	3	1	3	11	11	47
48	All other accidents	20	7	11	7	12	12	14	39	122	6	6	-	3	-	8	20	86	129
49	Suicide and self inflicted injuries	-	3	4	5	8	11	7	6	44	-	2	4	4	5	9	10	6	40
50	All other external causes	1	-	2	-	1	-	1	1	6	2	1	1	2	1	1	-	1	9
	ALL CAUSES	255	63	68	132	411	1,056	1,793	2,268	6,046	184	38	45	98	277	553	1,262	3,163	5,620

DEATHS FROM B LIST CAUSES NOT SHOWN SEPARATELY ABOVE

B.1	Cholera	0	B.10	Streptococcal sore throat and scarlet fever	0	B.23	Anaemias	31
B.2	Typhoid fever	0	B.11	Meningococcal infection	3	B.24	Meningitis	7
B.3	Bacillary Dysentery and amoebiasis	1	B.12	Acute poliomyetitis	0	B.25	Active rheumatic fever	0
B.4	Enteritis and other diarrhoeal diseases	9	B.13	Smallpox	0	B.35	Appendicitis	2
B.5	Tuberculosis of respiratory system	7	B.14	Measles	0	B.37	Cirrhosis of liver	26
B.6	Other tuberculosis, incl. late effects	11	B.15	Typhus and other rickettsiosis	0	B.40	Abortion	0
B.7	Plague	0	B.16	Malaria	0	B.43	Birth injury, difficult labour and other anoxic and hypoxic conditions	55
B.8	Diptheria	2	B.17	Syphilis and its sequelae	1			
B.9	Whooping cough	0	B.22	Avitaminosis and other nutritional deficiency	0			

TABLE III – PRINCIPAL CAUSES OF DEATH IN HEALTH AREAS AND COUNTY DISTRICTS, 1970

Health Area and County District	Tuberculosis	Malignant neoplasm, stomach	Malignant neoplasm, intestine	Malignant neoplasm, lung, bronchus	Malignant neoplasm, breast	Malignant neoplasm, uterus	Malignant neoplasm, prostate	Leukaemia	Other malignant (incl. lymphatic etc) neoplasms	Diabetes mellitus	Chronic rheumatic heart disease	Hypertensive disease	Ischaemic heart disease	Other forms of heart disease	Cerebro-Vascular disease	Other diseases of circulatory system*	Influenza	Pneumonia	Bronchitis, emphysema	Asthma	Other diseases of respiratory system	Peptic ulcer	Intestinal obstruction and hernia	Nephritis and nephrosis	Hyperplasia of prostate	Congenital anomalies	Birth injury, difficult labour etc.	Motor vehicle accidents	All other accidents	Suicide and self inflicted injury	All other causes	All causes
Harwich B.	-	3	4	10	4	5	1	2	13	1	3	2	38	8	35	12	4	13	7	-	3	-	1	-	2	5	-	4	4	4	14	202
Brightlingsea U.	-	1	5	5	2	-	-	-	11	1	2	4	27	4	13	2	2	3	3	-	2	1	1	-	-	2	1	-	4	1	5	102
Clacton U.	1	17	28	48	15	3	6	5	49	6	6	8	178	63	124	31	9	31	36	2	13	4	1	2	4	3	-	3	17	3	43	759
Frinton and Walton U.	-	2	8	16	5	-	1	1	13	3	6	1	46	14	46	16	12	11	6	1	4	-	1	-	3	-	-	2	9	2	11	240
Halstead U.	-	3	2	5	-	2	1	4	11	1	-	3	23	7	10	8	1	3	2	-	-	-	1	-	-	2	1	3	-	1	5	99
West Mersea U.	-	2	1	5	1	-	1	-	3	-	1	2	13	2	5	5	1	3	2	-	1	1	-	-	-	-	-	1	1	-	4	55
Wivenhoe U.	-	1	1	3	1	-	1	-	6	1	-	-	10	-	1	3	-	1	1	-	1	-	-	-	-	1	-	1	-	-	2	35
Halstead R.	-	3	8	18	2	-	6	-	16	4	-	4	52	20	38	10	3	15	10	-	1	2	2	-	1	1	2	1	2	1	19	241
Lexden and Winstree R.	-	7	16	17	7	4	2	2	20	2	1	2	76	14	55	12	9	21	11	1	1	5	1	2	2	2	2	9	7	2	46	358
Tendring R.	1	5	10	25	5	2	4	2	27	3	2	7	101	32	74	19	7	24	11	-	2	3	-	4	-	2	-	10	9	2	20	413
NORTH-EAST ESSEX	2	44	83	152	42	16	23	16	169	22	21	33	564	164	401	118	48	125	89	4	28	16	8	8	12	18	6	34	53	16	169	2,504
Chelmsford B.	-	14	9	30	12	5	3	4	33	3	6	12	102	17	52	18	5	38	16	3	1	4	7	1	1	1	1	6	9	5	42	460
Maldon B.	1	1	7	8	3	2	2	3	7	3	-	-	30	6	39	9	5	30	1	-	2	1	1	-	2	1	-	3	3	-	13	183
Braintree and Bocking U.	1	3	6	12	5	1	-	3	17	4	2	5	52	14	40	19	4	40	13	2	2	2	-	1	-	2	2	5	6	18	282
Brentwood U.	3	6	14	31	11	1	5	-	42	2	5	9	138	22	75	27	14	91	21	3	8	1	1	2	1	2	4	5	23	5	45	617
Burnham-on-Crouch U.	-	1	3	5	4	-	2	1	1	2	-	-	19	2	5	1	-	6	2	-	-	-	-	-	1	-	-	-	2	-	3	60
Witham U.	1	3	4	8	4	-	1	3	12	1	-	1	39	3	23	8	1	12	5	-	1	1	3	-	-	7	2	3	1	1	9	157
Braintree R.	-	3	12	15	6	-	3	1	20	2	4	5	67	10	31	15	6	26	7	1	2	1	4	1	1	3	2	7	8	3	19	285
Chelmsford R.	1	15	18	31	10	2	6	3	40	9	7	13	149	33	87	41	9	70	16	5	11	3	4	2	2	7	2	14	14	4	58	686
Maldon R.	-	8	11	15	2	3	2	1	14	1	4	2	57	6	39	4	5	18	11	1	-	-	2	2	1	4	-	7	8	-	18	246
MID-ESSEX	7	54	84	155	57	14	24	19	186	27	28	47	653	113	391	142	49	331	92	15	27	13	22	9	10	25	13	47	73	24	225	2,976
Benfleet U.	-	15	14	25	7	2	6	1	39	3	6	6	112	18	92	18	7	32	26	-	3	2	1	-	2	2	2	7	11	3	19	481
Canvey Island U.	-	6	7	16	5	2	1	3	23	1	6	5	66	11	44	11	-	9	8	-	4	2	-	-	1	3	-	2	9	1	19	265
Rayleigh U.	-	9	9	13	6	1	1	-	16	1	5	8	55	8	56	6	3	19	7	1	4	-	2	-	1	1	1	2	5	2	9	251
Rochford R.	1	6	16	11	11	4	3	2	24	-	11	2	128	14	135	18	2	29	11	1	6	4	-	1	1	2	6	5	4	1	26	485
SOUTH-EAST ESSEX	1	36	46	65	29	9	11	6	102	5	28	21	361	51	327	53	12	89	52	2	17	8	3	1	5	8	9	16	29	7	73	1,482
Saffron Walden B.	-	2	5	4	6	-	1	1	9	1	-	4	35	1	15	9	2	38	7	1	2	-	1	-	3	-	-	1	8	-	7	163
Chigwell U.	-	12	17	36	11	1	1	2	37	1	4	8	104	15	59	19	1	43	27	2	2	4	3	5	1	3	1	4	6	1	17	447
Epping U.	-	3	1	7	4	1	-	1	6	-	2	2	33	4	8	3	-	13	2	-	-	1	-	3	-	1	-	2	-	2	5	104
Waltham Holy Cross U.	-	3	1	9	4	-	1	1	4	2	-	1	24	4	11	2	-	11	4	1	-	-	-	-	-	2	1	-	2	2	9	99
Dunmow R.	1	4	3	14	3	2	1	1	25	4	3	5	65	8	34	15	2	23	15	2	1	-	-	3	-	3	1	2	7	3	16	266
Epping and Ongar R.	-	5	10	17	4	-	2	1	28	3	2	2	92	22	39	12	1	31	15	-	5	2	1	2	-	4	4	6	2	4	19	335
Saffron Walden R.	1	4	6	16	5	2	2	2	24	2	4	1	49	12	25	15	3	16	10	1	6	3	1	1	3	-	2	3	1	2	13	235
WEST ESSEX	2	33	43	103	37	6	8	9	133	13	15	23	402	66	191	75	9	175	80	7	16	10	6	14	7	13	9	18	26	14	86	1,649
HARLOW U.	-	9	7	25	6	4	2	-	35	2	6	1	68	11	32	13	2	22	18	2	2	3	2	4	2	9	2	13	10	3	23	338
THURROCK U.	3	22	23	54	19	6	4	9	71	11	15	27	245	34	111	37	6	53	59	1	17	3	4	5	3	15	6	12	14	8	67	964
BASILDON U.	3	17	19	68	24	9	5	3	60	10	11	15	207	29	103	31	3	61	46	1	14	6	-	5	1	7	7	15	21	5	66	872
COLCHESTER B.	-	15	19	37	19	2	4	3	56	14	7	13	177	43	122	31	24	100	30	2	8	5	4	2	3	9	3	12	25	7	85	881
ADMINISTRATIVE COUNTY	18	230	324	659	233	66	81	65	812	104	131	180	2,677	511	1,678	500	153	956	466	34	129	64	49	48	43	104	55	167	251	84	794	11,666
Administrative County 1969	25	269	333	619	245	72	99	83	723	121	146	190	2,801	503	1,744	494	125	906	540	31	112	93	52	49	36	96	55	145	215	70	812	11,804
1968	28	247	340	579	235	75	99	64	681	97	120	179	2,780	602	1,634	419	199	919	505	30	141	96	61	40	48	104	63	136	183	91	747	11,550

TABLE IV – DEATHS BY AGE IN HEALTH AREAS AND COUNTY DISTRICTS, 1970

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.	3	1	1	-	3	-	3	4	20	37	40	112	1	-	1	-	-	-	1	7	9	27	44	90	202
Brightlingsea U.	3	1	1	-	-	-	-	-	9	12	23	49	2	-	1	-	-	-	1	-	4	15	30	53	102
Clacton U.	1	2	2	2	3	1	3	11	53	141	164	383	-	-	2	-	1	-	3	20	40	95	215	376	759
Frinton and Walton U.	-	1	-	-	-	1	-	4	19	44	57	126	-	-	-	-	-	1	-	4	7	26	76	114	240
Halstead U.	1	-	1	1	-	-	1	6	9	15	26	60	1	1	-	-	-	-	2	-	4	9	22	39	99
West Mersea U.	1	-	-	-	2	-	1	2	2	7	16	31	-	-	-	-	-	-	1	-	6	5	12	24	55
Wivenhoe U.	1	1	-	-	1	1	-	-	-	9	9	22	-	-	-	-	-	-	-	-	1	5	7	13	35
Halstead R.	3	-	1	-	-	1	2	4	27	31	58	127	2	1	-	-	1	1	1	3	10	18	77	114	241
Lexden and Winstree R.	2	2	1	2	2	3	2	23	28	64	73	202	1	-	-	-	2	-	1	9	13	38	92	156	358
Tendring R.	5	2	-	1	5	1	3	13	32	62	124	248	-	2	-	-	1	4	3	10	14	27	104	165	413
NORTH-EAST ESSEX	20	10	7	6	16	8	15	67	199	422	590	1,360	7	4	4	-	5	6	13	53	108	265	679	1,144	2,504
Chelmsford B.	5	1	-	3	2	1	6	16	48	68	100	250	4	2	1	3	4	2	3	7	23	47	114	210	460
Maldon B.	2	2	1	1	-	2	-	6	10	27	37	88	-	-	-	-	-	1	1	1	8	25	59	95	183
Braintree and Bocking U.	3	2	-	-	2	1	2	15	23	42	65	155	-	1	-	1	1	1	1	4	10	18	90	127	282
Brentwood U.	2	2	-	2	2	5	4	29	56	69	96	267	6	1	-	-	2	2	10	14	32	68	215	350	617
Burnham-on-Crouch U.	-	3	-	-	-	-	-	-	8	10	13	34	-	-	-	-	-	-	-	1	3	4	18	26	60
Witham U.	6	1	1	-	-	2	1	6	15	22	28	82	2	4	1	2	-	-	2	1	8	16	39	75	157
Braintree R.	2	1	3	-	-	1	2	8	21	51	62	151	3	1	-	-	2	1	1	4	11	32	79	134	285
Chelmsford R.	6	4	4	2	1	2	9	25	60	96	126	335	4	2	1	2	1	2	4	13	34	82	206	351	686
Maldon R.	-	1	-	2	3	2	2	5	18	46	51	130	3	1	-	1	-	-	-	8	13	19	71	116	246
MID-ESSEX	26	17	9	10	10	16	26	110	259	431	578	1,492	22	12	3	9	10	9	22	53	142	311	891	1,484	2,976
Benfleet U.	-	1	2	3	-	3	5	8	49	73	88	232	5	2	-	1	1	1	4	12	16	56	151	249	481
Canvey Island U.	5	1	1	-	2	-	3	4	24	39	60	139	-	-	2	1	2	2	6	6	11	37	59	126	265
Rayleigh U.	1	-	1	2	2	1	-	7	20	39	55	128	-	1	-	-	1	2	1	7	13	29	69	123	251
Rochford R.	8	1	3	1	1	5	3	11	23	69	88	213	3	1	2	1	-	2	2	9	26	56	170	272	485
SOUTH-EAST ESSEX	14	3	7	6	5	9	11	30	116	220	291	712	8	4	4	3	4	7	13	34	66	178	449	770	1,482
Saffron Walden B.	-	-	-	-	-	1	1	3	9	20	43	77	-	-	-	1	-	-	1	3	10	19	52	86	163
Chigwell U.	1	3	-	-	2	1	7	21	58	67	78	238	4	-	-	-	1	3	2	17	22	45	115	209	447
Epping U.	-	-	-	-	1	1	3	4	11	19	14	53	1	-	-	-	-	-	-	4	9	10	27	51	104
Waltham Holy Cross U.	2	3	1	-	-	1	2	4	10	15	22	60	4	-	-	-	-	-	-	1	5	10	19	39	99
Dunmow R.	2	-	-	-	1	-	3	8	25	49	51	139	-	2	1	1	-	-	-	4	9	38	72	127	266
Epping and Ongar R.	6	2	-	1	2	2	4	13	39	46	64	179	4	1	-	-	2	1	1	5	13	36	93	156	335
Saffron Walden R.	1	-	-	-	2	2	-	6	16	35	52	114	3	-	-	-	-	-	1	6	14	29	68	121	235
WEST ESSEX	12	8	1	1	8	8	20	59	168	251	324	860	16	3	1	2	3	4	5	40	82	187	446	789	1,649
HARLOW U.	6	2	2	4	3	8	14	23	38	47	48	195	7	1	3	3	3	3	9	20	11	23	60	143	338
THURROCK U.	12	9	9	6	8	6	13	46	104	159	153	525	5	7	6	3	8	9	8	29	49	122	193	439	964
BASILDON U.	13	6	5	4	5	8	24	47	88	133	137	470	10	2	1	5	2	3	17	27	38	87	210	402	872
COLCHESTER B.	10	2	2	6	8	5	9	29	84	130	147	432	11	8	3	7	3	4	11	21	59	87	235	449	881
ADMINISTRATIVE COUNTY	113	57	42	43	63	68	132	411	1,056	1,793	2,268	6,046	86	41	25	32	38	45	98	277	553	1,262	3,163	5,620	11,666
Administrative County **1969**	114	43	39	41	68	68	133	399	1,117	1,810	2,277	6,109	79	35	25	16	35	33	116	251	637	1,245	3,223	5,695	11,804
1968	119	52	35	35	75	64	131	376	980	1,735	2,251	5,853	81	43	19	24	22	32	95	244	559	1,278	3,300	5,697	11,550
1967	144	60	27	37	80	51	142	403	929	1,574	2,022	5,469	92	41	25	19	36	28	113	277	550	1,204	2,868	5,253	10,722
1966	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
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 V – INFECTIOUS AND OTHER NOTIFIABLE DISEASES, 1970

Health Area and County District	Scarlet Fever	Whooping Cough	Measles	Tuberculosis, respiratory	Tuberculosis, meninges and C.N.S.	Tuberculosis, other	Acute meningitis	Dysentery	Food Poisioning	Infectious jaundice	Others†	Total
Harwich B.	2	-	173	3	-	-	-	-	-	-	-	178
Brightlingsea U.	-	-	20	-	-	-	-	-	-	-	-	20
Clacton U.	5	1	158	2	-	-	-	-	3	16	-	185
Frinton and Walton U.	-	1	46	1	-	-	-	-	-	6	-	54
Halstead U.	1	-	47	-	-	-	-	-	-	-	-	48
West Mersea U.	1	-	1	-	-	-	-	-	-	-	-	2
Wivenhoe U.	-	-	38	-	-	-	-	-	-	-	-	38
Halstead R.	1	4	40	-	-	-	-	-	-	-	-	45
Lexden and Winstree R.	8	6	139	8	-	2	-	-	2	10	-	175
Tendring R.	5	3	162	1	-	-	-	1	-	4	-	176
NORTH-EAST ESSEX	23	15	824	15	-	2	-	1	5	36	-	921
Chelmsford B.	38	18	352	5	-	1	1	2	-	1	-	418
Maldon B.	-	17	26	-	-	2	-	-	-	6	-	51
Braintree and Bocking U.	5	-	281	1	-	1	-	1	4	-	-	293
Brentwood U.	5	20	502	4	-	1	-	-	6	6	-	544
Burnham-on-Crouch U.	-	-	2	1	-	-	-	-	-	-	-	3
Witham U.	3	1	178	1	-	-	-	2	3	-	-	188
Braintree R.	3	6	115	2	-	-	1	-	2	1	-	130
Chelmsford R.	9	27	555	3	-	-	-	-	4	11	-	609
Maldon R.	2	15	88	-	-	-	-	-	-	10	-	115
MID-ESSEX	65	104	2,099	17	-	5	2	5	19	35	-	2,351
Benfleet U.	11	2	220	7	-	2	1	3	18	12	2	278
Canvey Island U.	6	11	402	1	-	-	2	9	22	4	-	457
Rayleigh U.	20	-	177	4	-	1	1	1	19	7	2	232
Rochford R.	40	13	332	7	-	1	-	9	54	3	2	461
SOUTH-EAST ESSEX	77	26	1,131	19	-	4	4	22	113	26	6	1,428
Saffron Walden B.	-	-	130	-	-	-	-	1	29	-	-	160
Chigwell U.	14	4	77	1	-	2	-	6	14	5	-	123
Epping U.	4	1	15	1	-	1	1	-	5	-	-	28
Waltham Holy Cross U.	5	1	180	1	-	-	-	1	-	-	-	188
Dunmow R.	-	2	26	1	-	1	2	-	3	3	1	39
Epping and Ongar R.	5	11	123	6	-	2	-	-	3	2	-	152
Saffron Walden R.	24	-	108	3	1	-	1	1	-	4	-	142
WEST ESSEX	52	19	659	13	1	6	4	9	54	14	1	832
HARLOW U.	72	24	174	11	-	4	-	2	13	16	1	317
THURROCK U.	24	36	967	15	-	4	3	5	100	104	1	1,259
BASILDON U.	93	64	460	13	-	3	6	19	4	49	-	711
COLCHESTER B.	37	26	572	5	-	-	-	15	2	143	27	827
ADMINISTRATIVE COUNTY	443	314	6,886	108	1	28	19	78	310	423	36	8,646

†Diphtheria 22, paratyphoid fever 6, malaria 5, acute encephalitis (infective) 1, acute encephalitis (post infectious) 1, ophthalmia neonatorum 1.

RURAL HOUSING

TABLE VI – NUMBER OF HOUSES ERECTED DURING 1970 AND THE NUMBER OF APPLICANTS REMAINING ON WAITING LISTS

Rural District Council (1)	No. of Dwelling Houses erected during the year ended 31st December 1970				No. of Applicants on Waiting List for Council Houses at 31st December 1970 who are in Urgent Need of Housing Accommodation (4)	
	By the Council (2)		By Private Enterprise (3)			
Braintree	66	(18)	218	(241)	79	(100)
Chelmsford	148	(248)	640	(647)	1,702 *	(353)
Dunmow	75	(65)	59	(57)	389	(300)
Epping & Ongar	34	(96)	182	(184)	239	(230)
Halstead	12	(21)	26	(51)	120	(107)
Lexden & Winstree	33	(80)	334	(250)	126	(150)
Maldon	19	(22)	232	(232)	11	(10)
Rochford	46	(65)	133	(99)	56	(125)
Saffron Walden	28	(41)	161	(75)	102	(128)
Tendring	36	(42)	200	(313)	455	(301)
Totals	497	(698)	2,185	(2,149)	3,279	(1,804)

1969 figures given in parentheses Figures include flats in some cases *Total on housing list.

TABLE VII

Refresher and other courses attended by members of the Staff

Course	Organising Body	Staff Attending
Financial Incentive Schemes in Local Government - Appreciation course for Senior Officers	Royal Institute of Public Administration	1 Principal Administrative Officer County Ambulance Officer
Rapid Reading Course	Mid-Essex Technical College	Deputy County Medical Officer
Assessment of Handicapped Children	University of Manchester	1 Medical Officer
Management Services Appreciation Course	Mid-Essex Technical College	Deputy County Medical Officer Chief Administrative Officer
Diagnosis and Treatment of the Deaf Child	Institute of Laryngology and Otology	3 Medical Officers
3 Month Sandwich Course for Senior Social Workers	National Institute for Social Work Training	1 Area Psychiatric Social Worker
Seminar - "The Middle-Aged Man"	The Health Education Council Ltd.	2 Health Visitors
Seminar for Health Education Officers	The Health Education Council Ltd.	County Health Education Officer
Post-Certificate Refresher Course for Supervisors of Midwives	Association of Supervisors of Midwives	2 Non-Medical Supervisors of Midwives
Developmental Paediatrics	University of Cambridge	3 Medical Officers
"Keeping Up with the Seventies"	Essex Old People's Welfare Association	County Home Help Organiser 1 Health Visitor
Health Congress	The Royal Society of Health	County Medical Officer Chief Nursing Officer
"Assessment of Progress and the Use of Progress Assessment Charts"	National Society for Mentally Handicapped Children	3 Managers of Adult Training Centres
Induction Course	Clerk of the County Council	1 Clerical Assistant
Trends in the Social Services in the Seventies	Chelmsford College of Further Education	Chief Dental Officer County Ambulance Officer County Home Help Orangiser 3 Administrative Assistants

Course	Organising Body	Staff Attending
Course for Qualified Experienced Nursery Staff	North Western Polytechnic	3 Nursery Nurses
Course in Nursery Education	North Western Polytechnic	1 Nursery Nurse
Study Day on the Diabetic within the Community	Queen's Institute of District Nursing	6 Health Visitors
Refresher Course in Developmental Ophthalmology	Society of Medical Officers of Health	1 Medical Officer
Post-Certificate Refresher Course for Chiropodists	The London Foot Hospital	4 Chiropodists
Summer School	The Association of Health Administrative Officers	1 Principal Administrative Officer 1 Senior Administrative Officer
Management Appreciation Course	Association of Supervisors of Midwives	1 Superintendent of Home Nurses and Midwives
Refresher Course for Local Authority Dental Officers	Society of Medical Officers of Health	3 Dental Officers
Seminar - The Administrator of the Future	I.L.G.A.	Chief Administrative Officer 1 Administrative Officer
Course for Practical Work Instructors	Queen's Institute of District Nursing	1 District Nurse
Middle Management Course	Mid-Essex Technical College	4 Senior Administrative Assistants 2 Ambulance Superintendents
Middle Management Course	Royal College of Nursing	1 Superintendent Health Visitor
Generic Course in Family Psychiatry	East Anglian Regional Hospital Board	2 Mental Welfare Officers
Course on Chiropody Administration	Chelsea School of Chiropody	3 Senior Chiropdists
In-Service Training Course	Association of Chief Chiropody Officers	County Chiropodist
Study Day on Genetics in Medicine & Surgery	Essex County Hospital	2 Medical Officers
The Multiply Handicapped Child in the Diagnostic Unit	The Spastics Society	6 Medical Officers

Course	Organising Body	Staff Attending
"Selecting the Right Candidate"	Institute of Personnel Management	County Ambulance Officer
Management and Refresher Course	Kent County Council	3 Superintendent Health Visitors
Seminar - Health Education and the Community Physician	The Health Education Council Ltd.	Principal Medical Officer
Course in Group Work	Institute of Group Analysis	2 Mental Welfare Officers
Post-Graduate Study Course	British Dental Association	2 Dental Officers
Study Day on "Community Paediatrician/Child Health Doctor - Which?"	Society of Medical Officers of Health	Principal Medical Officer
Medical Computer Course	U.N.C.L.E.	1 Area Medical Officer
Practical Work Instructors Course for Senior District Nursing	North Western Polytechnic	3 Practical Work Instructors
Course in Statistics	Mid-Essex Technical College	1 Clerical Assistant
Refresher Courses for Midwives	Royal College of Midwives	19 Midwives
Refresher Courses for District Nurses	Queen's Institute of Distring Nursing	39 District Nurses
Refresher Courses for Health Visitors	Health Visitors' Association	21 Health Visitors
Refresher Courses for Health Visitors	Royal College of Nursing	5 Health Visitors

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