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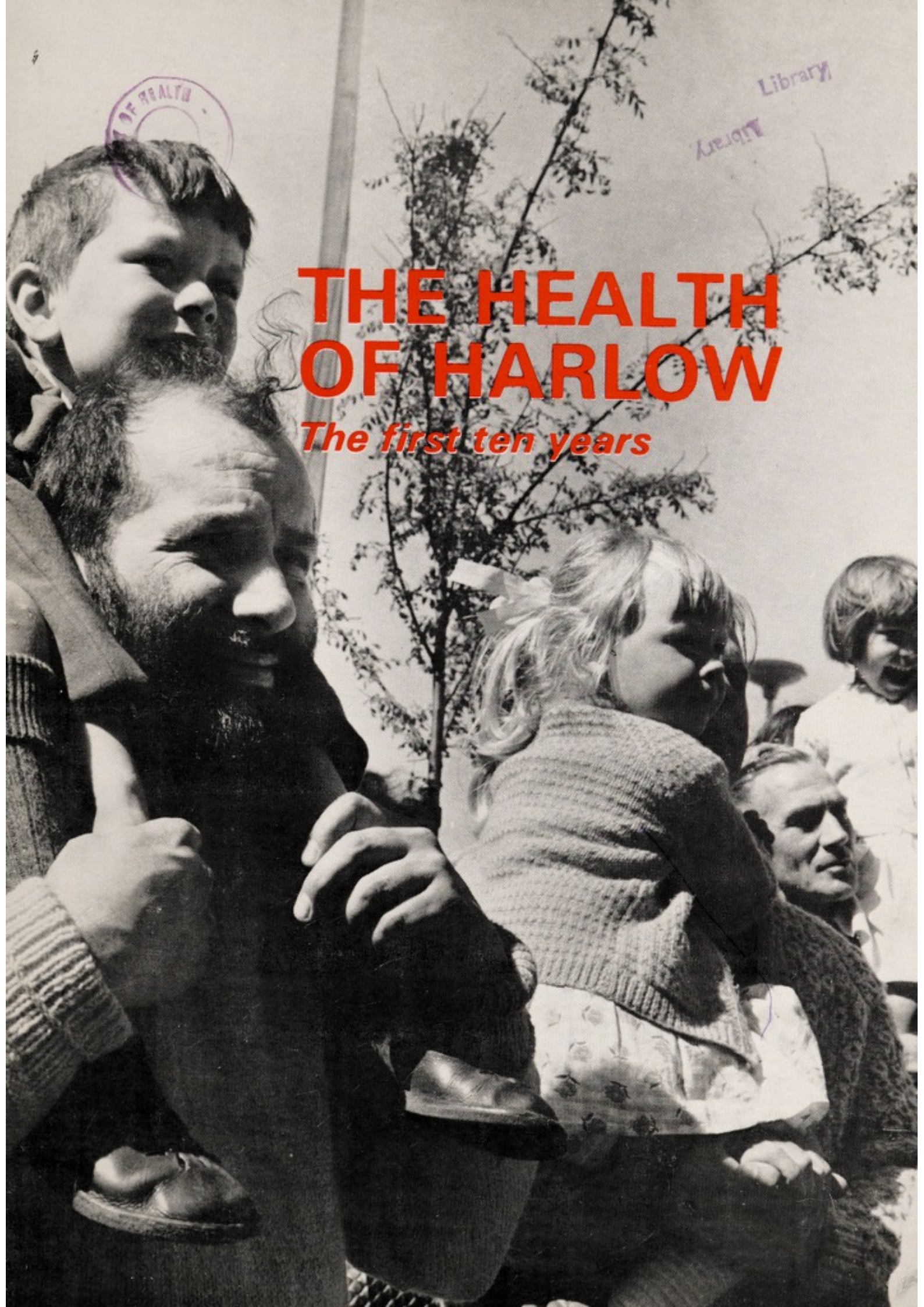
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OF HEALTH

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# THE HEALTH OF HARLOW

*The first ten years*





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THE

# HEALTH OF HARLOW

THE FIRST TEN YEARS

1956 - 1965

Report of the Medical Officer of Health incorporating  
the Report of the Chief Public Health Inspector





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*To the Chairman and Members of the Harlow Urban District Council*

MR CHAIRMAN, LADIES AND GENTLEMEN,

The Harlow Urban District came into existence as an independent local authority on 1 April, 1955. Prior to that date the new town of Harlow, still in its early stages of development, was part of the Epping Rural District.

Although a municipal year runs from 1 April to 31 March, every medical officer of health is required by paragraph 15(b) of the Public Health Officers Regulations, 1959, to submit an annual report for the year ending 31 December. Similarly, all vital statistics cover a calendar year, and 1956 was therefore the first full year for which a complete report could be compiled. Ten years have since elapsed and this affords an opportunity to survey the health of the town and the development of the health services during the first decade of their existence. The task has been made easier for me by the fact that I have been Medical Officer of Health for Harlow during all this time and can, therefore, rely not only on official records, but also on my memory and personal experience.

Nevertheless, the preparation of this report commenced before the end of 1965 and took many months to complete. Although this may be considered a worthwhile effort, the same can hardly be said of the work which goes into the compilation of ordinary annual reports. Triennial or even quinquennial reports should be quite adequate and, by surveying a longer period of time, statistics would be less liable to be affected by chance. Outstanding events during a given year could be the subject of a separate ad hoc report. However, there can be no change without an amendment to the present regulations and one can only hope that this will be done soon.

As usual, a section of the report is devoted to the services of the County Council, which is the Local Health Authority; without this the picture would be incomplete. Unfortunately, however, it is not possible to survey the county services over the past ten years because until September 1962, for the purpose of the day-to-day administration of Part III of the National Health Service Act, 1946, Harlow was included in the Forest Health Area and all its records are inseparable from those of other local authorities constituting that large area. In reporting on the health services for which the County Council is responsible, I can, therefore, look back only over the past three years during which time I have been Area Medical Officer and Divisional School Medical Officer for Harlow.

Regarding the form of this report, I should like to point out that statistical material covering ten or three years, as the case may be, is presented only where this is relevant and space permits it. In some instances figures for only 1965 and the previous year are given. Furthermore, in a few cases data in respect of past years have been revised in the light of more recent information and as a result of re-calculation.

Much has happened in Harlow during the years surveyed in this report and, although now and then there have been disappointments and setbacks, on the whole the story is of steady progress.

What of the future? Harlow presents a unique opportunity for further experimentation and putting into practice progressive ideas. However, this can only be done with the full support of the Council and the population, and by ensuring that sectional or individual interests are not placed above those of the entire community. I see no reason why Harlow could not develop a pattern



of health services which would serve as a model not only to other new towns but to the whole country.

To conclude, I must acknowledge the help and encouragement received from a great many persons and organizations during the past decade. Without them it would not have been possible to maintain a sound standard of community health. It would be invidious to name individuals and I would therefore like to express my thanks to all: my own staff, chief officers and staff of other departments, organizations outside the Council and particularly to those who have contributed information for this and previous reports.

I am, Mr Chairman, Ladies and Gentlemen,

Yours faithfully,

I. ASH, MD, DPH,

*Medical Officer of Health.*

Town Hall,

Harlow, Essex.

November, 1966

SECTION A — SERVICES PROVIDED BY  
HARLOW URBAN DISTRICT COUNCIL

# **PUBLIC HEALTH COMMITTEE**

**as on**

**31st December, 1965**

*Chairman:*

Councillor W. F. HEWETT

*Vice-Chairman:*

Councillor R. J. KELLY

*Members:*

Councillor Mrs M. BACH

Councillor Mrs A. GARNER

Councillor R. A. CASELEY

Councillor M. L. GAYFORD

Councillor Mrs D. R. GARDNER

Councillor R. J. MALSTER

Councillor Mrs E. I. V. MORRIS

*Ex-Officio Members:*

Councillor J. J. DAVIDSON, JP

Chairman of the Council

Councillor R. S. ROBERTS

Vice-Chairman of the Council



## PUBLIC HEALTH DEPARTMENT

Offices: Town Hall, Harlow

Telephone: Harlow 21031

### STAFF

#### *Medical Officer of Health:*

I. ASH, MD, DPH \*

#### *Deputy Medical Officer of Health:*

A. G. POULSEN-HANSEN, MD, DPH, DTM&H † (to 23.6.65)

B. V. HASSAN, MB, BCh, BAO, DPH † (from 1.12.65)

*Chief Public Health Inspector:* H. L. HUGHES, DPA, MAPHI, MRSH, 1, 2, 3,

*Deputy Chief Public Health Inspector:* S. A. EADE, MAPHI, MRSH, 1, 2, 3, 4, 5

*Public Health Inspector:* W. WOOD, MAPHI, 2, 3, 6

*Public Health Inspector:* M. R. RUOCCO, MAPHI, MRSH, 1, 2, 3

*Technical Assistant:* P. A. BAILEY

*Chief Clerk:* Miss A. E. A. ROTHWELL

*Personal Administrative Assistant to Medical Officer of Health:* Mrs. M. HARGREAVES (to 24.10.65)

*Clerk/Typists:* Miss S. BIGGADIKE  
Mrs. J. V. GOODEY (to 30.8.65)  
Miss L. TODD  
Mrs. C. CHRISTY (from 1.9.65)

\* Also Medical Officer of Health for Epping UDC and Epping RDC and Area Medical Officer and Divisional School Medical Officer, Essex County Council

† Also Deputy Medical Officer of Health for Epping UDC and Epping & Ongar RDC and Assistant County Medical Officer, Essex County Council

- 1 Certificate of the Royal Society of Health and Public Health Inspectors Examination Joint Board
- 2 Royal Society of Health (Meat and Other Foods) Certificate
- 3 Diploma of the Royal Society of Health for Smoke Inspectors
- 4 Certificate in Sanitary Science, Royal Society of Health
- 5 Diploma in Hygiene, Royal Institute of Public Health and Hygiene
- 6 Sanitary Inspectors' Certificate, Royal Sanitary Association of Scotland



## ADMINISTRATION AND PERSONNEL

The Medical Officer of Health was appointed jointly by the Harlow Urban District Council, the Epping Urban District Council, the Epping and Ongar Rural District Council and the Essex County Council, and took up his appointment in February, 1956. Considerable administrative difficulties were met right from the start. The office placed at his disposal by the Epping & Ongar RDC was hardly more than a cubby-hole; the furniture was inadequate, there was not one reference book and only a part-time clerk was available. From that office, in addition to his county council work, the Medical Officer of Health was responsible for a population of more than 60,000 spread over an area of nearly 84,000 acres, and he had to report to committees of three separate local authorities. All the work had to be done in only 36% of his full-time appointment. In Harlow at that time there was a small office with two public health inspectors and two clerks working in virtual isolation from the Medical Officer of Health.

With the passage of time and as a result of perseverance, conditions gradually improved and already in the following year there was better office accommodation, a full-time clerk and slightly more time allocated to county district duties. One of the turning points came in 1960 when an office was provided for the Medical Officer of Health at Netteswell Hall in Harlow. This coincided with the retirement of the then Chief Public Health Inspector and both events led to a full integration of the Public Health Department. The office in Epping remained for the administration of the services in that town and in the Epping & Ongar Rural District.

The other turning point was in September 1962 when Harlow became a separate County Health Area and Education Division and the Medical Officer of Health was appointed Area Medical Officer and Divisional School Medical Officer. The time allocated to the new duties was 50% of full-time appointment; the remaining time had to be spent on county district duties and divided between Harlow, Epping and Epping & Ongar according to the size of the population of these authorities. This arrangement is still in force and on the basis of a 38 hour local government week, the Medical Officer of Health's time which he can officially devote to Harlow, a town of nearly 70,000 population, is only 10 hrs. 42 mins. a week. Needless to say, all work has to be done irrespective of the length of the local government working week and of time allocation, but the figure highlights the problem of mixed and combined appointments of medical officers of health throughout the country. Another serious drawback is that in such circumstances a medical officer of health has to serve two or more masters who at times have conflicting interests and policies.

Some help came in 1963 with the appointment of a permanent Deputy Medical Officer of Health but he too had to share his services between the County Council and the three County Districts with the latter having at first only 36% of his time, which was subsequently increased to 50%.

In October 1963 the Public Health Department and the Area Health Office moved to the new Town Hall and the more spacious and better equipped offices made it easier to meet the ever increasing demand on the services of the two departments.

During all this time the steady expansion of Harlow necessitated an increase in staff of the Public Health Department from two public health inspectors and two clerks in 1956 to four public health inspectors (including one chief inspector and his deputy), one technical assistant and five officers engaged on administrative and clerical duties.



In 1965 there were few administrative changes the most important of which was the resignation of Dr. Poulsen-Hansen as Deputy Medical Officer of Health in June and the appointment of Dr. Hassan, his successor, in December of the same year.

*Visitors:* As in past years, a number of visitors came to Harlow in 1965 to see and study the organization of the health services in the town. Some visited by arrangement with either the Nuffield Trust or the Harlow Development Corporation. Amongst those who were shown around by the Medical Officer of Health /Area Medical Officer or his staff and had discussions with them were the following:—

Dr Tore Gustafsson from Sweden, Dr Osman Osman from The Sudan, Dr Anouti from The Lebanon, Dr Mowoe from Nigeria, Dr Lars Back and Dr R. Edstrom from Sweden, Dr W. Magdzik from Poland, Dr Munir Musa from Jordan, Dr Dusan Djordjevic from Yugoslavia, 16 doctors from Japan, Dr G. W. Knight and Dr W. Stewart, County Medical Officer and Deputy, Hertfordshire, Dr P. C. Moore, Deputy County Medical Officer of Nottinghamshire and party, Dr D. E. Cullington, County Medical Officer, Berkshire and party, Dr. D. E. Dillane from the College of General Practitioners, Dr A. Laurie from the Scottish Home and Health Department, Miss E. Snelling from the Central Midwives Board, 16 DPH students from the Royal Institute of Public Health and Hygiene, 22 DPH students from the London School of Hygiene and Tropical Medicine, students from the Social Science Department of the S.E. Essex College of Technology and students from a course in hospital nursing administration at the Royal College of Nursing.

## COMMENTS ON VITAL STATISTICS

### Population

The mid-year resident population of the town was estimated by the Registrar General at 66,260 — an increase of 2,720 over 1964.

Table 2 on page 47 shows the growth of the population year by year and it will be seen that in 10 years it has more than doubled (111.1%). The rate of increase was highest in the years 1956-58, after which it declined considerably, mainly because fewer people came to live in Harlow. Whilst in the first two years over 80% of the annual increase of population was due to inward migration, this proportion has been steadily decreasing — in 1964 it actually fell below 50%. The balance of the annual increase is attributable to the excess of births over deaths.

The figures for 1961 do not conform to the general trend. They are based on the census of that year, and, whilst the extent of the natural increase is correct, the total population figure reflects underestimates in previous years. The diagram on page 48 shows the part attributable each year to natural increase and to inward migration. Expressed in numbers, the population rose by 41,600 in the first 10 years of Harlow's independent existence. During this period births exceeded deaths by 11,721 so that the natural increase accounted for 28.2% of the total increase.

The age structure of the population is known only for the year 1961, when a census was carried out. At that time, the mean age of the residents was 26.3 years. Since then the proportion of those attending schools (5-15 years) has remained the same — around 25% of the population — and it is therefore reasonable to assume that the age structure of the total population has also not changed materially.



## Births

In a young community with a high proportion of women of child-bearing age, one naturally expects a high crude birth rate. This was the case in Harlow in 1956 when there were more births per 1000 population than in any other local government area in England and Wales. Since then, however, the birth rate has been steadily declining as may be seen from Table 3 and the graph on page 50.

The adjusted birth rate, which takes account of the peculiar age and sex structure of the local population, shows a similar decline whilst the rate for England and Wales has been rising every year up to 1965.

Since 1961 the birth rate for England and Wales has been equal to or higher than the corrected Harlow rate. This means that although the ratio of live births per 1000 population (crude rate) is still high because of the great proportion of young women in the community, the ratio of births per number of women of child-bearing age is actually lower than the average in the country.

The proportion of illegitimate births rose from 2.3 per 100 live births in 1956 to 4.4 in 1965 but is still considerably lower than the figure for England and Wales. (Table 4).

Table 5 shows the ratio of male live births to 100 female live births in Harlow and in England and Wales during the period 1956 - 65. In Harlow, for every 100 girls born there was an average of 105.2 boys compared with 105.9 in the country as a whole.

Twenty-seven infants were notified in 1965 (20 by hospitals and 7 by others) as having been born with congenital malformations, as follows:—

| <i>No. of<br/>Infants:</i> | <i>No. of malformations<br/>in each infant:</i> |
|----------------------------|---|
| 1                          | 6   |
| 1                          | 3   |
| 7                          | 2   |
| 16                         | 1   |
| 2                          | Not specified                                   |

Most of the reported malformations were trivial but in two cases they were so severe that the infants were still-born.

There were 83 premature infants born in 1965 (73 live and 10 still-born) compared with 89 (82 live, 7 still-born) in the previous year. The place of birth and mortality of those live-born is shown in Table 6.

The number of still births in Harlow and the still birth rate both for Harlow and England and Wales during the period 1956 - 65 is given in Table 7 whilst Table 8 shows the causes of still births, the parity of the mother and the place of booking and delivery.

Early in 1965 the Maternity Department at Princess Alexandra Hospital was opened for in-patients and, although it was not fully operational during the whole year, it caused a noticeable fall in domiciliary confinements. Of the 1492 births



in that year, 62.8% (937 births) were institutional and 37.2% (555 births) domiciliary. This compares with 56% and 44% respectively in the previous year. What is even more striking is that the proportion of women discharged from hospital before the 10th day after delivery dropped from 38.1% in 1964 to 18.7% in 1965.

## Deaths

There were 13 more deaths in 1965 than in the year before and the death rate per 1000 population remained practically the same (Table 9). The age and sex distribution of deaths in 1965 is shown in Table 10.

The mean age at death was 58.1 years, the median 67.8 years. For males the mean age at death was 54.0 years and for females 62.2 years. The median ages were 64.9 years and 70.7 years respectively.

Exactly half of all deaths were in the age group of 65 years and over and 8.7% were in infants under one year old.

The sex ratio of deaths at all ages in 1956 - 65 is shown in Table 11.

It will be seen that in 1965 for every 100 female deaths, there were 135.7 male deaths. The average over 10 years was 116.1 male deaths to 100 female deaths in Harlow and 105.2 in England and Wales. An abridged table of the causes of death in 1965 is on page 56.

Cancer and coronary disease accounted each for nearly a quarter of all deaths. Table 13 shows the proportion of deaths from cancer of the lung and bronchus, all other cancers and coronary disease in the years 1956 - 65. Mortality per 10,000 population from these diseases is set out in Table 14. These two tables clearly indicate that in Harlow the mortality rate from cancers and coronary disease was considerably lower than in the country as a whole because of a smaller proportion of persons at risk, i.e. fewer older people. On the other hand, however, in Harlow a larger proportion of all deaths was due to cancers, including leukaemia, than in England and Wales.

In 1965 there were seven deaths by suicide (4 males and 3 females) compared with five in 1964. This represents a death rate of 0.6 per 10,000 population as against 1.1 in England and Wales. Of the seven persons who took their own lives, two gassed themselves, two drowned, two died through poisoning and one through hanging.

In the 10 year period 1956 - 65 there was only one maternal death in childbirth (in 1961). This occurred in hospital.

Excluding traffic casualties it is gratifying to report only one accidental death in 1965. The victim was a 77 year old male who died through an overdose of drugs.

Infant, neonatal, early neonatal, and perinatal mortality rates for the years 1956 - 65 are shown in Tables 15 - 18. In Harlow these rates have fluctuated but have generally remained below those for England and Wales. The causes of infant deaths in 1965, subdivided into three periods of life, are set out in Table 19.

The sex ratio of infant deaths is given in Table 20. The average over 10 years was 151.2 males to 100 females. This ought to be compared with a ratio of 105.2 male births to 100 female births during the same period.



The place of death of the 264 persons who died in Harlow in 1965 is shown below :

|              |     |
|--------------|-----|
| In hospital  | 175 |
| At home      | 83  |
| On the road  | 2   |
| In the river | 2   |
| At work      | 2   |

Fifty-seven deaths were reported to the Coroner as follows:—

| <i>Reason</i>    | <i>Reported by<br/>Hospital</i> | <i>Reported by<br/>G.P. or Police</i> |
|------------------|---------------------------------|---------------------------------------|
| Sudden death     | 23                              | 19                                    |
| Accidental death | 6                               | 2                                     |
| Suicide          | 3                               | 4                                     |

### COMMUNICABLE DISEASES AND FOOD POISONING

Looking back over a period of 10 years, it becomes quite obvious that despite what is generally believed and said, the prevention and control of communicable diseases still form an important part of the work of a medical officer of health. Although in the case of some of the more common outbreaks there is a well-tried and established procedure of investigation, professional training and experience in medicine are needed to detect unusual features.

This is best illustrated by an interesting small outbreak of staphylococcal food poisoning which occurred in 1956 and was due to brawn purchased from a local butcher. The then Chief Public Health Inspector carried out an investigation which was done in a very competent way but failed to reveal the source of infection. When the Medical Officer of Health subsequently visited the shop, he noticed that the butcher's assistant had a deviated nasal septum which he thought was likely to cause an obstruction and form a breeding ground for staphylococci. A swab taken on the spot showed in due course that the man harboured in his nose staphylococci of the same phage type as those recovered from the brawn. He had to give up his job in the shop for quite a long time until an operation corrected his nasal passages.

In the same year Harlow was struck by a large outbreak of epidemic vomiting with meningism and exanthem. This was a disease then very little known and required a great deal of epidemiological and clinical investigation.

The year 1956 was also notable for a high incidence of dysentery (107 cases). It may well be that the increase in prevalence of this disease was only apparent and was due mainly to improved case finding resulting from an agreement made with the general practitioners in that year whereby the Medical Officer of Health assumed the responsibility for arranging laboratory examination of the stools of patients and of all home contacts.

Amongst the other outbreaks which occurred in subsequent years, the following are worth mentioning:

- 1957 — Poliomyelitis (24 paralytic cases, 10 non-paralytic).  
Asian type of influenza affecting mainly children and young persons.  
In some schools absenteeism reached 45%.



- 1959 — Large outbreak of mild influenza.  
Two cases of poliomyelitis (one paralytic, one non-paralytic) — none since that year.
- 1963 — Outbreak of typhoid fever due to corned beef — a source which had not previously been recognised as being able to spread the disease. Nearly 400 cases of dysentery, most of them discovered in the course of investigating the outbreak of typhoid fever.
- 1965 — Ten cases of chemical food poisoning, part of a large outbreak of a unique nature in two neighbouring authorities (since become known as "The Epping Jaundice".)

Apart from the outbreaks mentioned above, in the years 1956-65 there were 113 known cases of food poisoning some of which constituted small outbreaks. Most of the cases were due to *Salm. typhi-murium* but some less common or even rare salmonellae were also found as follows:

| <i>Type of salmonella</i> | <i>No. of cases</i> |
|---------------------------|---------------------|
| abony                     | 1                   |
| blockley                  | 1                   |
| derby                     | 1                   |
| enteritidis               | 1                   |
| heidelberg                | 1                   |
| newport                   | 1                   |
| potsdam                   | 1                   |
| st. paul                  | 1                   |
| schwarzengrund            | 2                   |
| vejle                     | 1                   |
| wangata                   | 1                   |

An increasing incidence of infectious hepatitis has been noted in Harlow and a survey of this disease appeared as an appendix to the Annual Report for 1964.

Tables 21 and 22 showing the number of cases of communicable diseases notified in 1965 and the notification rate per 10,000 population in the period 1956-65 are on pages 65 and 66.

## **Tuberculosis**

The post of chest physician (formerly tuberculosis officer) is a joint appointment of the Regional Hospital Board and the Local Health Authority. Dr V. U. Lutwyche the Senior Chest Physician in Harlow has kindly submitted the following report which deals also with chest conditions other than tuberculosis.

"The incidence of tuberculosis in Harlow continues to cause concern. The yearly increase in the population results in an increasing number of newly diagnosed patients each year. The chief danger to the community is from those with a long-standing positive sputum, and of these there has, unfortunately, been a number, e.g. the young man who was known to have had a positive sputum for seven years, the last four of which he spent in Harlow; the middle-aged woman with advanced bilateral disease who acted regularly as an unregistered baby minder, and the young woman with large cavities in both lungs who was diagnosed when her 5-year old child reacted to a tuberculin test at school. A man of 60 who had been ill for some months, normally resident in London, was brought to Harlow by a married daughter and found to have advanced pulmonary tuberculosis. This man had



five married daughters, all with families, living in Harlow, and with whom he spent much of his time. Unfortunately he died three weeks after admission to hospital. A middle-aged man employed at a local factory but domiciled elsewhere, died of tuberculosis only a week after ceasing work.

A number of persons coming to Harlow and who have received treatment for tuberculosis in the past, have been found to have active disease. In some cases further treatment has succeeded in rendering them sputum-negative, but, in others, this has been unsuccessful and they continue to have an intermittently positive sputum. A schoolmaster found to have a large cavity in one lung fortunately came into the first category; over 400 'contacts' were examined and kept under supervision for a minimum period of two years, as a result of this one patient.

The immigrant population of Harlow is increasing and there are now a number of Pakistanis in the town, a race which appears to be particularly susceptible to tuberculosis. One Pakistani, six months after a normal pre-employment X-ray, was found to have sputum positive tuberculosis; a fellow-worker who had a normal X-ray on initial examination was found to have active disease when the examination was repeated three months later.

The examination of schoolchildren who react to a tuberculin test continues. The tuberculin-positive five-year-old school entrants are examined clinically and a full history taken. In many cases those showing a strongly positive reaction are found to have clinical or radiological evidence of disease and require treatment, either in hospital or at home. Those 14-year-old children showing a mild reaction attend for X-ray while the strong reactors have a clinical examination also. In all cases follow-up is continued for a minimum period of three to five years and efforts are made to find the source of infection by X-ray examination of the parents and other relatives and tuberculin testing of the younger members of the family. Negative reactors are offered BCG vaccination.

The incidence of uro-genital tuberculosis is causing concern and this must now be regarded as a common disease. In many cases symptoms are minimal or absent, the condition being diagnosed when a routine urine test reveals albuminuria and tubercle bacilli are found in the urine.

The work involved in the diagnosis and treatment of other chest diseases continues to increase. Respiratory disease associated with industry is of increasing importance with the greater complexity of chemical agents. In addition to cases of berylliosis and asbestosis, a number of patients have been seen with respiratory symptoms due to hypersensitivity to certain chemicals, such symptoms being promptly relieved by removal from the source of irritation.

The incidence of carcinoma of the lung and chronic bronchitis and emphysema is increasing with the rising age of the population. It is hoped that the yearly visit of the Mass Miniature Radiography Unit now arranged will result in a larger number of carcinomas being diagnosed while still operable. The use of long-term antibiotics for the bronchitic patients, combined with reduction of cigarette consumption, enables many of these patients to remain at work during the winter months, whereas formerly several weeks were lost during most winters. Although the cost of antibiotics is high, it is small when compared with the cost to the country of the loss of working days.

Close co-operation with the general practitioners and the Local Health



Authority continues and greatly facilitates the work. Any case of possibly active tuberculosis is at once notified by telephone to the secretary of the Chest Clinic so that appropriate steps may be taken.

Co-operation with the Medical Research Council and British Tuberculosis Association in their clinical trials continues and includes work on drug resistant tubercle bacilli, tuberculosis in immigrants, and antibiotics in chronic bronchitis".

The incidence of tuberculosis in 1965 is shown in Table 23. In the 10 years from 1956 to 1965, 242 pulmonary and 33 non-pulmonary new cases were reported, as well as 509 pulmonary and 26 non-pulmonary cases in persons who came to live in Harlow and whose disease had been diagnosed previously — a total of 810 cases. Of this number, 266 cases were deleted from the tuberculosis register because of apparent cure, removal from the town, or death.

Mass chest radiography has been contributing to tuberculosis case finding. The Mobile X-ray Unit is supplied by the North East Metropolitan Regional Hospital Board. In the past this unit visited Harlow every three years and spent two to three weeks in the town, but now it has been agreed that the unit should pay an annual visit of one week's duration in the month of June.

In addition to tuberculosis, other chest conditions are discovered by the Mass Radiography Unit. The results of the survey in 1965 are given in Table 24.

Tuberculosis case finding among school children and BCG vaccination continued and details will be found in the appropriate section of the report.

### **The role of the laboratory**

The control and prevention of communicable diseases would hardly be possible without the aid of the laboratory. Routine bacteriological examinations of water, milk and food are carried out at the Public Health Laboratory, Chelmsford whose director Dr R. Pilsworth is always ready to offer assistance and advice. Other bacteriological examinations are done at the local hospital because of its easier accessibility. The Consultant Bacteriologist, Dr M. H. Robertson, has a keen interest in public health and his extensive knowledge and willingness to help have proved invaluable on many occasions. The following is his appraisal of the role of the bacteriology laboratory in public health.

"Modern medicine is an applied science, and laboratory procedures are becoming more and more an integral and necessary part of all branches of medicine including public health. The bacteriologist is the laboratory doctor most likely to be concerned with public health problems, and his work is of a very diverse nature. The medical laboratory is fortunate in being in one of the few positions where all three branches of the National Health Service unite. These branches are the general practitioner or family doctor service, hospital service and the public health service. This central position enables the bacteriologist to obtain a bird's-eye view of the area for which he is responsible and adds very considerably to the value of the contribution he can make to public health. This valuable service is carried out in many areas by the Public Health Laboratory Service many of whose laboratories are situated in the grounds of local hospitals and provide the hospital bacteriology service and a service to general practitioners. In other areas, such as Harlow, the hospital laboratory is independent of the Public Health Laboratory Service but it is very much to the benefit of the community if it can undertake work of a public health nature, if at all possible, especially if the nearest Public Health Laboratory is some distance away. It is also very necessary that the



hospital laboratory should be available to general practitioners—the “open laboratory” — and it can only be regretted that, so far, this is far from being the nation-wide situation that the Health Service is hoping to provide.

The bacteriologist, thus centrally situated, can become aware of the types of pathogenic organisms which are ‘native’ to his area and can gain a knowledge of their antibiotic sensitivities enabling him to advise his medical colleagues on the treatment of bacterial disease in general as well as in particular for individual patients from whom he has received specimens for examination. He can also constantly review the ‘sensitivity patterns’ of the local organisms to detect the development of drug resistance. In this way he is in a position to advise on the treatment of such public health diseases as dysentery, streptococcal throat infection and gastro-enteritis.

Thanks to his hospital and general practitioner work the bacteriologist may also be the first person to realize the presence of an epidemic in the community at large or in a closed community, such as a residential school. He can then inform the medical officer of health and co-operate with him in controlling the outbreak and tracing its source. An excellent example of such co-operation was seen during the typhoid outbreak of 1963.

Prevention being much better than cure, the bacteriologist examines specimens taken from food handlers to enable any “carriers” of pathogenic bacteria to be excluded from work until it is considered safe for them to return. Similarly “carriers” left over from an epidemic of disease have to be periodically examined to discover whether they are still excreting the organisms. A blood test can be carried out on employees of water undertakings to ascertain whether it is probable that they are carriers of typhoid.

In addition to these “preventive” examinations carried out for the medical officer of health the bacteriologist and his colleagues in other laboratory disciplines can assist by examining specimens of blood, urine, sputum, etc. from children seen by the school medical officers or at special baby clinics etc. They also examine specimens for the chest physician and report any new cases of tuberculosis they may find or confirm to him for further action.

Health education is yet another field in which the bacteriologist can be of assistance to the medical officer of health. He can participate in the instruction of food handlers in basic hygiene when special courses are arranged by the Public Health Department or even in talks to church groups and Women’s Institutes on “Safe Food” and similar topics.

The role of the laboratory in public health, therefore, is to act as a collecting point for information from all sources and the constant surveillance of the area it serves for unusual incidents of which the laboratory staff may well be the first to become acquainted. A knowledge of his own area and the reporting of any suspicious finding to the medical officer of health by the bacteriologist can play a large part in the prevention of community disease”.

### PROBLEM FAMILIES

Early in 1956 a committee was set up to co-ordinate the activities of social workers who deal with problem families. It is called the Committee for the Co-ordination of Prevention of Break-up of Families and its members represent statutory as well as voluntary organisations. Whilst this committee has no executive powers it ensures that the best use is made of the existing social services and that there is no overlapping between them. The number of families dealt with is relatively small because the work is confined to problem families rather than to



families with problems. The former are families which are socially defective to such an extent that they need close supervision and considerable help over long periods of time, and they tend to slide back when left to their own devices. These families are feckless, improvident, undisciplined and dirty. In most cases one or both parents are of low intellect and children are often persistently neglected. Cases where the main problems are matrimonial, financial or of health do not come within the ambit of the Committee.

Meetings were held quarterly at first and monthly after 1964.

In the 10 year period 1956-65 a total of 80 families were brought to the attention of the Committee. This gives an annual average of eight new cases in addition to six cases brought forward from the previous year or reopened. During the same period 56 families were deemed to be no longer in need of supervision, eight left the district, one broke up despite all the efforts on its behalf and three refused any help.

In 1965 the Committee considered the circumstances of 12 families not previously known to them and also continued to supervise 12 other families. During the year five were discharged as no longer requiring help.

The improvement in the cases discharged is relative to their mental and social handicap. At best it was possible to improve their family relationship, help them to regain independence and to reintegrate them into the community by making them socially acceptable.

### **CARE OF OLD PEOPLE**

It has been stated elsewhere in this report that the population of Harlow is predominantly young. In fact the census of 1961 revealed that there were only 1852 persons aged over 65 years. This was 3.4% of the total population of the town, compared with 12.0% for the whole county.

Despite the relatively small number of old people in the community, the Harlow Council and the voluntary organizations have spared neither money nor effort to make the lives of the senior citizens as easy and pleasant as possible.

In March 1957 the Harlow and District Old People's Association was set up with financial aid from the Council. They started with a "Meals on Wheels" service on a small scale and continued it until 1960 when it had to stop because of lack of volunteer helpers and transport. They also arranged chiropody for the old people at a time when local authorities could not undertake this service direct. In 1963 the Area Health Sub-Committee took over the provision of chiropody which is now available to old people either in the clinics or in their homes, according to circumstances. The Harlow and District Old People's Welfare Association also undertakes visiting of lonely old persons, offers advice on various problems and gives help in many other ways when necessary.

In 1962 the Harlow Council gave a grant to the Council of Social Service with which they arranged a week's holiday in Margate for 130 old age pensioners. In the following year and ever since, the organization of the holidays for old people has been the responsibility of the Public Health Department. The following numbers of pensioners benefited from the scheme:

|      |   |     |
|------|---|-----|
| 1963 | — | 222 |
| 1964 | — | 249 |
| 1965 | — | 299 |

The old people contributed £1 each for travel, board and lodging and the



Council paid the balance. With the increase in the number of holiday makers, it was necessary to have couriers at Margate who liaised between the old people and the Hotel and Boarding Association on the one hand and the Public Health Department on the other hand. Escorts for the journey to and from Margate were provided by volunteers from the British Red Cross Society, The St. John's Ambulance Brigade and the Civil Defence Corps.

In 1963 the Harlow Council asked the WVS to restart the "Meals on Wheels" service on their behalf and encouraged community associations to open luncheon clubs for old people. Both these services proved to be very successful.

From September 1963 to the end of 1965 the WVS provided 6,075 meals (3,413 in 1965) and the three luncheon clubs served 6,786 meals (3,945 in 1965).

The old age pensioners in Harlow were also helped in various other ways, such as by the provision of warden-assisted bungalows, the appointment of voluntary wardens in parts of the town where there are many old people, by domiciliary nursing, home help and chiropody. In 1965 alone, 263 persons received treatment from district nurses, 428 had chiropody either in one of the clinics or at home, and 175 had a home help. Seven clubs catered for the social needs and recreation of the aged.

The policy throughout has been to keep the old people, as far as possible, in their own homes. This has been pursued quite successfully and only in one case, in 1960, was it necessary to remove an old lady compulsorily to hospital under the National Assistance (Amendment) Act, 1951. A few other persons entered old people's homes voluntarily.

In November 1963 the County Council opened an old people's home in Harlow.

### **MEDICAL EXAMINATION OF STAFF**

In accordance with the Council's policy every person appointed to their staff has to undergo a medical examination. The purpose of such examinations is to safeguard both the employee and the Council.

In the first place it is necessary to ensure that the person concerned does not undertake work for which he is not fit and which may adversely affect his health. Secondly, the Council must be satisfied that the employee's state of health is such that he will not become a drain on their superannuation and sick-pay funds.

Special provisions exist for the employment of registered disabled persons provided they are fit except for the disability for which they are registered.

In 1958, as a result of discussions between the chief officers of the Council, it was decided to accept workmen who were not fully fit though not registered as disabled persons. It was felt that the Council, as a public authority, had a moral duty to employ this category of people on the understanding that by doing so the Council's liability would not increase.

A new scheme was therefore devised whereby a person could be accepted for employment and superannuation/sick pay provided he was not called upon to do any type of work for which he was certified as unfit by the examining medical officer.

With the continuing growth of the services of the Council and the over-



employment in the town, there has been a steady increase in the number of employees examined every year either for new posts or because of the turnover of the working force. This number rose from 29 in 1956 to 157 in 1965, the total for the 10 years being 1044. A small number of persons were medically examined at their place of residence prior to coming to Harlow. Of all those examined, only 42 were found to be unfit for admission to the Council's superannuation/sick-pay scheme.

In view of the increasing number of medical examinations required, it was arranged in June 1965 that all workmen be examined by the Industrial Health Service of which the Harlow Council is a member. The results of examinations are sent under confidential cover to the Medical Officer of Health who then makes a report in general terms to the appropriate department on the fitness of the employee. This arrangement is working very satisfactorily.

## HEALTH EDUCATION

The object of health education is to supply information on the ways and means of maintaining and promoting good physical and mental health and to interpret to the public statutes and regulations dealing with public health matters. Most people think they know what is best for them and their children, and their often wrong attitudes are so deeply rooted that health educators find it extremely difficult to change them. However, the main obstacle to effective health education has been the lack of funds for the purpose. There is, of course, also a shortage of persons trained for the task but this could be overcome if health education were given the position it deserves amongst other health functions.

When considering the amount of money spent by commercial interests on advertising cigarettes, which contribute to the causation of lung cancer and other diseases, on sweets which cause dental caries in children, on fast motor cars which kill thousands of people every year, and on other similar advertising campaigns, and comparing this with the puny efforts to counteract their impact on the public, one realizes how inadequate are present efforts in health education and how much could be achieved in this field if more resources were available.

In 1959 the Central and Scottish Health Services Councils set up a committee under the chairmanship of Lord Cohen of Birkenhead to examine the whole question of health education. In 1964 this committee presented an excellent report which contained many recommendations such as the creation of a Central Board for Health Education, and the appointment of health educators by local authorities. It was estimated that within the next five years the proposals would add about £500,000 a year to the expenditure on health education by government and local authorities. Although this is a comparatively small cost, little or nothing has been done so far to implement the recommendations of the Cohen Committee.

In Harlow health education is carried out by both the Public Health Department and the Area Health Office. Their efforts can be described under the following three headings:

1. Education directed at the individual, i.e. by doctors, public health inspectors, health visitors and nurses in the course of their daily contact with members of the public.
2. Education of organized groups. Here must be mentioned talks given to various groups of people on subjects ranging from general hygiene to sex education of the young, and special courses on food hygiene and the



handling of food for persons employed in the catering trade. Discussions on health and social subjects in youth clubs and parent/teachers associations, have proved to be a very satisfactory form of health education.

3. Education of the general public. This has taken the form of health campaigns on various topics such as immunization, prevention of accidents, smoking and health etc. In addition booklets on health matters were published for general distribution. Three exhibitions were also staged by the Public Health Department. The first one was in 1960, and dealt with home accidents. It was held at Stone Cross Hall as part of a Crime, Accident, and Fire Prevention Exhibition put on by the Essex County Constabulary. Later in the same year an exhibition portraying the Essex Constabulary. Later in the same year an exhibition portraying the work of the Public Health Department was arranged in the Town Hall to mark the occasion of the official opening of the building. However, the most ambitious effort so far has been the Food Hygiene Exhibition at Stone Cross Hall from 3 - 10 August, 1961, which included stands not only by the Public Health Department and Essex County Council, but also by commercial firms. There were also appropriate film shows, a poster competition and other attractions.

In dealing with health education, one must not forget the press which has considerable power in shaping public opinion. The relations of the medical officer of health with the press are of a special nature, unlike those of other chief officers of the Council. He can use the newspapers as a vehicle for health education and also to give the public factual information about health matters affecting them. Very often the interests of the press and of the Public Health Department are at variance. Newspapers thrive on sensationalism and the dramatic presentation of news, whilst the medical officer of health would like all information to be unadorned and given in such a way as not to cause either alarm or false hopes. In order to achieve the right balance, there must be good understanding and mutual trust between the press and the medical officer of health. Whilst the editor is the best judge of what represents news value, the medical officer of health must advise him on whether or not the publication of certain information or details is in the interests of the public. As an example may be cited the refusal of the Medical Officer of Health, readily accepted by the press, to give information about the symptoms of typhoid fever during the outbreak of this disease in 1963. Since these symptoms are often vague and liable to be confused with those of other diseases, the disclosure of such information could have created hypochondria in the community. Fortunately the co-operation between the local papers and the Public Health Department has always been good and only on few occasions was news concerning health matters treated without due restraint.

A further dilemma in which a medical officer of health finds himself in dealing with the press concerns personal publicity. As a doctor he naturally shuns such publicity, but if he uses the newspapers to disseminate information and give advice, he cannot do this authoritatively and at the same time remain anonymous. Here too a proper balance is needed between the contents of a news item and the personality behind it, but often it is difficult to persuade the press not to over-emphasize the latter.

Health education in 1965 was hampered by various factors. The former Superintendent Health Visitor who was very active in this field left in April and was not replaced until September. The appointment of a health education officer approved by the County Council had to be postponed because of the government restrictions on expenditure.

In addition the staff of the Area Health Office and the Public Health Department



were faced with an increasing volume of routine work and could not devote much time to health education. Nevertheless, lectures, discussions and film shows continued, though not in very large numbers. The Medical Officer of Health took part with a general practitioner in a parent/teacher association meeting at Burnt Mill Comprehensive School where they answered many questions. Public health inspectors gave seven lectures and demonstrations on food hygiene to various groups such as school meals supervisors, domestic science students, members of the British Red Cross Society and others, and health visitors held 30 health education sessions at which 14 films were shown.

Since "health education" is the only appropriate heading, reference must be made here to lectures given by the Medical Officer of Health, Chief Public Health Inspector and other staff to a course for the training of medical secretaries and to a course for home helps; both were held at the Technical College.

Finally, mention must be made of dental health weeks, sponsored by the Ministry of Health and organized by the County Health Education Officer and the Chief Dental Officer. In 1965 they were held in ten schools.

## RESEARCH AND PUBLICATIONS

Public health work presents numerous opportunities for research but the volume of the many and various routine duties is such that little or no time is left for very much else. Nevertheless, the Medical Officer of Health, Chief Public Health Inspector and members of the department were able to carry out surveys and investigations which were subsequently published. A list of them is given below.

|   |  |
|---|--|
| Ash I.  | Large epidemic outbreak of vomiting associated with meningism and exanthem (1958) Brit. med. J. <b>1</b> , 316.                  |
| Ash I.  | A case of mistaken mongolism (1958) Med. off. <b>99</b> , 135.   |
| Hughes H. L.  | Brining of meat in butchers' shops (1961). Appendix to Annual Report of MOH.   |
| Staff of Harlow Public Health Dept. and Pathological Laboratory, St. Margaret's Hospital, Epping. | Methods and efficacy of sterilization of hair-dressers' implements (1961). Appendix to Annual Report of MOH.                     |
| Hughes H. L.  | Food hygiene in retail premises (1963). Paper presented to the Annual Conference of the Association of Public Health Inspectors. |
| Ash I., Hughes H.L. et al.  | Outbreak of typhoid fever connected with corned beef (1964). Brit. med. J. <b>1</b> , 1474.                                      |
| Ash I.  | Infectious hepatitis in Harlow (1964). Appendix to Annual Report of MOH.   |
| Ash I. et al.   | The Epping Jaundice (1966). Brit. med. J. <b>1</b> , 514*.   |

\* Submitted for publication in 1965 but appeared in February, 1966.



# ENVIRONMENTAL HYGIENE AND SANITARY INSPECTIONS

## THE REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

### Water supply

With the growth of Harlow and its population, the water supply had to be greatly augmented. In fact, whilst in 1956 the total consumption was 466 million gallons, in 1965 it rose to 1,161 million gallons. This increase was not confined to the total annual consumption of water but was also reflected in the consumption per head per day which in 1956 was 39.3 gallons and ten years later 47.6 gallons. (For more detailed statistics see Table 25).

The considerable expansion of the supply of water was achieved by the provision in 1959 of three new bore holes and a pumping station at Thundridge, the extension of re-pumping facilities at Hadham and the laying of a new 21" main between the Rye Hill reservoir and the town.

The quantity of the water supply has, therefore, always been adequate for both domestic and industrial use. As for the quality, this has been maintained at a high level and has been frequently checked by chemical and bacteriological analyses. (Table 26).

In 1960 the former Herts & Essex Water Company, which served Harlow, was merged with other water undertakings to form the Lee Valley Water Company, but despite the much larger size of the new company its relations with the Public Health Department became closer.

The greater resources of the new company enabled it to install in 1963 a plant for the removal of excess iron from the water. Prior to that this metal was depositing in the pipes in the form of ferric hydroxide and was causing, at times, objectionable discolouration of the water.

The technical and financial aspects of softening the water and of fluoridation were studied by the water company. In regard to the former, it was found that the high cost of the process would be out of proportion to the benefits and the idea was not proceeded with. As to fluoridation, its introduction, shown by the company to be technically possible, depends on the policy of the County Council, as local health authority, but by the end of 1965 no decision had yet been reached on the matter.

In 1956 there were 11 wells on the outskirts of the town, but their number has dwindled over the years because most of the properties were connected to newly laid water mains. However, four of the wells were still in existence in 1965 and there were no immediate prospects of the properties served by them being reached by the public supply. The Public Health Department carries out routine sampling of the water of these wells.

### Swimming pools

In 1956 many Harlow children were bathing in the River Stort, at a place known as Latton Pool. Since the Stort, like most other rivers and streams in this country, receives sewage effluent, every effort was made to discourage this practice.

At the time there was only one private swimming pool in Harlow. It belonged to an industrial firm and was operated on a fill and return system with water from the nearby River Stort. There were no satisfactory filtration arrangements and only perfunctory chlorination was carried out by hand and, since the use of the pool was not restricted to the staff of the firm but was extended to a residential school



across the county border, the matter caused some concern.

Early in its existence the Harlow Council decided to build a modern swimming pool and their plans were realized in 1961 when the present fine indoor pool was opened. By that time there were already in existence four smaller pools in various schools in the town. In 1965 the Council controlled the municipal pool and three paddling pools, as well as nine school swimming pools.

The staff of the Public Health Department undertook from the start a rigorous check of the purity of the water in all these pools and, whenever it was necessary, also offered advice to the persons in charge. During 1965 they obtained 68 samples of water and of these only six failed to reach the highest standard. A recent recommendation of the Public Health Laboratory Service suggests that the previously accepted level of chlorination of 0.5 p.p.m. should be increased in school swimming pools to 1.0 p.p.m. The implementation of this recommendation should provide an additional safety margin in the future.

### **Sewerage and drainage**

Ten years ago there were 117 houses in Harlow served by objectionable pail closets. The Public Health Committee has from its earliest days pressed resolutely to rid the town of this anachronism. As the years have passed the number of pail closets has decreased steadily. Many old agricultural cottages have either been modernized or demolished by the Harlow Development Corporation and the owners of others have been served with notices requiring them to convert to water closets. Two old schools in the district with pail closets had W.C's installed and were connected to the sewers as a result of the Council's persistence. In a few remote cottages and on some sports grounds there were still 16 pail closets at the end of 1965 but these will eventually disappear when sewers are laid nearby. (Table 27).

On the whole the sewers and drains throughout the town give little trouble. However, it does not seem to be generally understood by owner/occupiers of new houses that the combined drainage system which serves their properties is legally their own and not the Council's responsibility. The owners are required to arrange clearance of blockages and to share the cost of the work involved. The trouble in practice is that they can never agree amongst themselves and the blockage and associated objectionable overflow of sewage persists until the Council serves legal notices on the owners of all the houses involved and ultimately takes action in default when the notices expire. In the meantime the persons affected by drain blockages often accuse the Public Health Department of complacency, whereas in fact the Council has no option but to carry out the procedure as laid down in the Public Health Acts.

In 1960 the Council received the first application for permission to discharge liquid radioactive waste into its sewers. Afterwards, with the passing of the Radioactive Substances Act, 1960, the power to authorize the disposal of radioactive waste was vested in the Minister of Housing and Local Government, and the Council was informed only whenever this power was exercised.

### **Housing**

At the beginning of 1956 there were 85 properties which were totally unfit and 488 which were sub-standard because they had no bath or had only an outdoor toilet (117 had pail closets) or were deficient in other respects. In addition to these dwellings there were 280 old council houses erected by the former Epping RDC which also lacked modern amenities.



During the following 10 years, in order to redevelop the sites, the Harlow Development Corporation demolished many of the unfit and sub-standard houses which they already owned or acquired after 1956. The Council, on their part, dealt with other unfit properties by means of clearance or demolition orders and modernized all their own houses. By the end of 1965 only about 150 of the remaining sub-standard dwellings still awaited improvement.

The improvement grant scheme, which until recently benefited mainly owner/occupiers, the Development Corporation and the Urban District Council, contributed little to the modernization of privately owned tenanted properties. For instance in 1965 seven standard and three discretionary grants were given to owner/occupiers and only one discretionary grant to the owner of a tenanted house. It is likely, however, that more tenanted houses will be improved as a result of the new Housing Act, 1964.

This Act allows local authorities to compel owners to carry out improvements to old properties provided that the sitting tenants agree to it. In March, 1965, the Council decided to designate the Bury Road area of Old Harlow as an improvement area under the Act. In that street there were 79 dwellings, 38 of which were already fit in every respect. The remaining 41 properties lacked one or more modern amenities and 37 of this number were capable of being improved to the full standard laid down in the Act which requires that each dwelling should have an inside WC, a bath, a wash-hand-basin, a hot water supply and a ventilated food store. During the remaining months of the year preliminary improvement notices were served on the owners and occupiers of 28 houses; 19 tenants agreed to have the improvements carried out and 9 refused. In the face of the tenants' refusal, suspended improvement notices were served on the owners. This means that should the property become vacant or change hands during the next five years the owner must carry out the necessary work at the earliest opportunity. In the case of those houses where the tenants had agreed to improvements, the owners of 11 gave undertakings to carry them out within a period of 18 months and similar undertakings were awaited for the remaining eight houses. Experience in Bury Road shows that, contrary to expectations, where an opportunity is given to the tenants to improve their dwellings, most of them accept it. Refusals to permit improvements generally come from the elderly people who either cannot face the disturbance caused by the repair work or who do not wish to pay the additional rent demanded when the improvements are completed.

As in previous years, a considerable number of complaints from the tenants of new houses were received in 1965. A large proportion of these concerned dampness which was mainly due to condensation. There is no doubt that many houses in the town are subject to this trouble. Whilst in some cases inadequate insulation to walls and roofs is partly responsible, generally speaking it is the lack of adequate heating which allows atmospheric moisture to condense upon the walls. Maintaining a constantly high standard of heating in a dwelling-house is, however, expensive and some tenants will not use a central heating system even where one is provided. In such circumstances it is hardly fair to blame the Development Corporation for the condensation which results. Until tenants are able and willing to keep their dwellings warm throughout the 24 hours, complaints of condensation and dampness will continue.

For housing statistics see Tables 28 - 30.

### **Offices, shops, and factories**

The year 1965 was the first complete calendar year during which the Offices, Shops and Railway Premises Act, 1963 was in operation. In that period 199



general inspections of premises were carried out and a total of 387 visits were made. As a result of these inspections 77 written notifications of contraventions were sent to the occupiers of the premises concerned. The Act generally deals with amenities for the use of workers in offices and shops, and also requires the maintenance of basic standards of cleanliness, ventilation, lighting and room temperature. Provisions for the prevention of overcrowding and for the safety of workers, including the guarding of dangerous machinery, are also included. The results of the first full year of operation of the Act are of some interest. Many of the contraventions notified to the occupiers of premises related to the lack of cleanliness or need for redecoration of walls, ceilings and floors. The Act requires that a reasonable temperature of 60°F shall be maintained in work rooms and specifies that a thermometer shall be displayed in a place where it can be seen by employees. This latter provision seems to be widely disregarded and nearly every notice of contravention dealt with this point. The temperature of 60°F required is low enough but it has become clear that workers in the greengrocery, butchery and fishmongers trades are deprived of even this meagre protection because the Act contains a defensive clause which states that the temperature provisions shall not apply where they would cause deterioration of goods. It has become obvious that retailers of perishable goods intend to plead this defence in spite of the fact that refrigeration is available to protect perishable foods without at the same time refrigerating the workers. The whole basis of such a defence is illogical because in summer both workers and perishable goods may be exposed to high atmospheric temperatures.

The Public Health Department requires that there should always be adequate ventilation by means of a permanent opening in the front of the shops but some instances have been found, even among the newer shops, where ventilation was not adequate. In the case of basements in new shops, developers are being required to provide mechanical ventilation capable of maintaining four air changes per hour for basement rooms where a number of persons are to be employed.

In accordance with the request by the Ministry of Labour, a survey of lighting in 22 premises selected at random throughout the town was carried out with the aid of light meters in November 1965. This survey showed that most office premises with fluorescent lighting had high illumination levels whereas those offices using pendant lights were less well, and in many cases inadequately lit. As far as shops are concerned, most had lavish fluorescent lighting in the serving areas, but it was particularly noticeable that the lighting in the working areas and storerooms at the back was of a much lower standard. Indeed, in many cases it was most unsatisfactory and notices of contravention in respect of inadequate lighting were sent to the occupiers. In neither shops nor offices were staircases, corridors and wash-rooms lit to a uniformly high standard, and many instances of entirely insufficient lighting in such areas were found. As a result of this and many similar surveys carried out in other districts it is expected that the Ministry will issue regulations setting specific lighting standards for all types of premises within the scope of the Act.

Fourteen accidents were notified under the Act in 1965, but several of these were reported only because they came to the knowledge of the inspector during a visit to the premises. It would seem that the persons concerned were not generally aware of the provisions of this particular section of the Act or alternatively were not bothering to send in notifications. It is likely that the total number of notifications received is only a proportion of all accidents which occurred in offices and shops in Harlow in 1965.

The failure to comply with the Information for Employees Regulations 1965 was a common occurrence. Whenever notifications of defects were sent to occupiers



of premises the opportunity was taken to remind them of these regulations. The Act permits an occupier to give to his employees a booklet with an abstract of the Act instead of displaying a poster somewhere inside the premises. This is not satisfactory because it cannot always be proved that the booklet has not been distributed to the employees unless the latter are prepared to give evidence against the management.

As is to be expected in a new town, the provisions relating to overcrowding were seldom invoked. Only one case of overcrowding was found in 1965 and this was rectified immediately after notice to the management of the firm concerned.

The Council's powers to control working conditions in factories are very limited because most of them are vested in the Minister of Labour and exercised by HM Inspector of Factories. Until 1960 the Public Health Department had to ensure that factories had adequate means of escape from fire but this duty has since been carried out by the Fire Service. Only parts I and VIII of the Factories Act, 1961 dealing with sanitary accommodation, home work, overcrowding, cleanliness, ventilation etc. in the few factories in which mechanical power is not used, are still administered by the Council.

No difficulties have been encountered in enforcing the relevant provisions of the Act and close contact has always been maintained with HM Inspectors of Factories.

(Statistical Tables 31 - 32).

## **Food**

The birth of the Harlow Urban District in 1955 coincided with the issue of the first comprehensive Food Hygiene Regulations. Over 10 years have therefore elapsed since the first really serious attempt to legislate for the modernization of the system of the handling, distribution and sale of food in the country. We now also have the experience of 10 years of building food premises in Harlow. The early years of that building programme produced a number of shops far too small for their respective functions which made it difficult for shopkeepers selling food to comply with the hygiene requirements. There has, however, been an improvement, and the shops built in recent years are more spacious. Their size is adequate to meet the demands of the new type of self-service trading which has developed in the food industry. The Food Hygiene Regulations themselves are already in some respects out of date and contain several anomalies. For instance, in spite of the improved techniques of handling foodstuffs achieved in recent years, it is still legally possible for perishable and easily contaminated foods, such as cooked meats and cream cakes, to be displayed on unrefrigerated shop counters in hot weather. The law only requires refrigeration during storage and gives a specific exemption for foods on display on shop counters. Intermittent refrigeration is of little value; continuous refrigeration is necessary both to maintain the quality of perishable foods and to give adequate protection to the consumer. Whilst the public health inspectors try their best to secure improvements there remains a case for urgent and necessary amendments to the Food Hygiene Regulations to meet the rising standards of hygiene which the public rightly expects to find in catering establishments.

During 1965, routine inspections of all types of food premises continued. As a result of these, 98 written notices drawing attention to defects needing correction were sent to the occupiers of the premises concerned. In no case, however, were conditions found to be so unsatisfactory as to necessitate legal proceedings for lack of cleanliness. Five cases involving foreign bodies in food, and a further six concerning the sale of food which was mouldy or out of condition, were



brought before the Court. All cases resulted in convictions and fines.

A wide range of foods were submitted for bacteriological examination during the year with a view to checking the safety of perishable foods and educating food handlers in the proper techniques of handling such easily contaminated food.

*Analysis of Food & Drugs.* In 1965, which was the first full year of the Council's function as a Food and Drugs Authority, 140 samples of food and drugs were submitted to the Public Analyst. Only four unsatisfactory reports were received, all concerning minor infringements of the Food and Drugs Act. Legal action was not necessary in these instances. An unusual case did, however, occur and led to prosecution. The manager of a grocer's shop found himself with a stock of vacuum-packed bacon on which the manufacturer's printed date for consumption had expired. He fraudulently altered it by adding the figure '1' thus turning 5 into 15, and then sold the bacon to the public. In due course the manager was fined at Harlow Court for selling food with a misleading label.

*Milk.* A total of 81 samples of milk were taken for laboratory examination and only one failed the prescribed test. Generally speaking milk supplies in the district give little or no cause for concern to the Public Health Department.

*Ice-Cream.* One hundred and eighteen samples of ice-cream were obtained in 1965 and on examination 33 were placed in grades III and IV. This does not mean that the product was dangerous but it indicates failure to reach a high standard of food hygiene. As in previous years most of the unsatisfactory results came from soft ice-cream sold from vehicles by mobile traders, some of whom lack both the training and sense of responsibility needed to handle such an easily contaminated food-stuff. Efforts by the Council to obtain stricter legal standards for ice-cream and powers to register itinerant salesmen with a view to enforcing proper hygienic conditions in this trade have so far met with very little success.

Statistics relating to food are in Tables 33-40.

### **Atmospheric pollution**

The Clean Air Act which was passed in 1956 had a profound influence on the development of Harlow. It allows a local authority to control the height of chimneys so that gases from boiler installations are discharged at such a height as to allow proper dispersal in the atmosphere. Most of the chimneys on the industrial estates in the town comply with the recommended standard under the Act with the result that they are considerably higher than they would have been otherwise. At first there was some opposition to tall chimneys from the combustion engineers and planners but it is now firmly established and generally accepted that, as far as industrial chimneys are concerned, public health must take precedence over aesthetic planning considerations.

The Council have been enthusiastic and energetic in the application of smoke control orders under the Clean Air Act and it is fitting that the end of the first decade of the existence of Harlow should coincide with the completion of the Council's smoke control programme. All residential areas of the town, except for one small rural fringe on the north-west boundary, are now subject to smoke control orders. The last order, No. 5, covering Old Harlow was made by the Council in November 1965 and comes into operation on 1st June, 1966. Technical progress in heating and the improvement in heating standards is reflected in the ten years growth of the Urban District. Houses built in the earlier years have open fires of relatively low efficiency so that by present-day standards they are inadequately heated. During the last few years, however, most new houses have



been provided with some form of central heating which is much more efficient. The main opposition to this improvement in heating standards has been the reluctance of some tenants to pay for it. No doubt, with the gradual improvement in the standard of living, this opposition will eventually disappear.

Statistics in Table 41.

### **Rodent and pest control**

The records for the area since 1956 show that in the ten years there has been little or no change in the scale of rodent infestation which is not high. Rats are ubiquitous, and regular disinfestation carried out upon complaints received from the public does no more than keep their numbers within reasonable limits. (Table 43).

The Council's service for the eradication of wasps' nests continued and is a valuable service in a town containing so many open spaces and large numbers of young children.



## SECTION B — SERVICES PROVIDED BY THE COUNTY COUNCIL OF ESSEX



## INTRODUCTION

The services provided by the County Council are described under two headings: those under Part III of the National Health Service Act, 1946 and those under the Education Act, 1944.

Prior to 1962, the then Forest Health Area and Forest Divisional Executive were responsible for the day-to-day administration of most of the "personal" health services of the Local Health Authority and of the School Health Service in Harlow. In autumn of that year a new health area and education division were created within the boundaries of the town and their committees and officers assumed responsibility for the county services.

The late Dr F. G. Brown, Area Medical Officer, Forest Health Area and Divisional School Medical Officer, Forest Executive, handed over a well established and efficient organization for which great credit is due to him. Nevertheless, under the new administration which has the chief officer on the spot and enables closer contact to be maintained with the staff and with the people of Harlow, it has been possible to make many improvements which will be described in the appropriate sections of the report. Because they do not fall easily under any other heading of the report, mention must be made of the steps taken to achieve better staff relations and to promote closer co-operation with the other branches of the health service.

Right from the inception of the Harlow Health Area it was felt that periodic staff meetings at which a great variety of topics could be freely discussed would create a better understanding of the problems involved and would also lead to closer co-operation between the administrative and professional staff. Consequently separate meetings of medical officers, health visitors, midwives and district nurses have been taking place at regular intervals. Any member of the staff may submit items for the agenda and, if they concern more than one branch of the service, joint meetings are arranged.

The close and friendly co-operation which already existed with the hospital staff and general practitioners has been further strengthened. There is full interchange of information about individual cases and writing of official letters has been reduced to a minimum and replaced by personal contact whenever possible.

An entirely new venture, started in October 1962, has been the publication of the Quarterly Newsletter which is distributed to all general practitioners and some hospital consultants. In it information is given about the diverse aspects of the work of both the Area Health Office and the Council's Public Health Department so that the doctors who read it gain a better understanding of the problems in public health.

To conclude, it is necessary to point out that the account of the county council services cannot be as complete as one might wish because the Annual Report of the Medical Officer of Health is principally concerned with environmental health for which the Public Health Department of the Harlow UDC is responsible. All other information is included for the purpose of enabling the reader to have a complete picture of the preventive and social medical services in Harlow. The section dealing with the School Health Service is particularly brief because a separate comprehensive report on the subject is submitted every year to the Divisional Executive.



# SERVICES UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT 1946

The membership of the Harlow Health Area Sub-Committee which controls the decentralized services of the County Health Committee was, on 31st December, 1965, as follows:

|  |     |     |     |     |   |
|--|-----|-----|-----|-----|---|
| Representing Harlow Urban District Council                       | ... | ... | ... | ... | Councillor W. Fisher (Chairman)             |
|  |     |     |     |     | Councillor R. J. Kelly (Vice Chairman)      |
|  |     |     |     |     | Councillor W. G. Arnott                     |
|  |     |     |     |     | Councillor Mrs M. Bach                      |
|  |     |     |     |     | Councillor J. F. Beecher                    |
|  |     |     |     |     | Councillor R. A. Caseley                    |
|  |     |     |     |     | Councillor D. F. Condon                     |
|  |     |     |     |     | Councillor Mrs D. R. Gardner                |
|  |     |     |     |     | Councillor Mrs A. J. Garner                 |
|  |     |     |     |     | Councillor R. J. Malster                    |
|  |     |     |     |     | Councillor R. B. Morgan                     |
|  |     |     |     |     | Councillor Mrs E. I. V. Morris              |
| Representing Essex County Council                                | ... |     |     |     | Alderman O. L. Oxley (Ex officio)           |
|  |     |     |     |     | Councillor A. J. Davidson LLB. (Ex officio) |
|  |     |     |     |     | Councillor Mrs M. R. Davey                  |
|  |     |     |     |     | Councillor W. E. Hewett                     |
|  |     |     |     |     | Councillor C. Lehane                        |
|  |     |     |     |     | Councillor G. C. Waterer                    |
|  |     |     |     |     | (one vacancy)                               |
| Representing Harlow Group Hospital Management Committee          | ... | ... |     |     | Mrs V. K. Nimmo, JP.                        |
| Representing National Health Service Executive Council for Essex | ... |     |     |     | Vacancy                                     |
| Representing Local Medical Committee for Essex                   | ... | ... | ... |     | Dr J. Meyrick                               |
| Representing Local Voluntary Organizations                       | ... | ... | ... | ... | Dr W. N. Booth                              |



# STAFF OF THE AREA HEALTH OFFICE ON 31ST DECEMBER, 1965

(Some also deal with the School Health Service)

|  |     |     |     |  |
|--|-----|-----|-----|--|
| Area Medical Officer   | ... | ... | ... | I. Ash, MD, DPH, (Part-time)   |
| Medical Officers   | ... | ... | ... | Mary Shaw, MRCS, LRCP.<br>B. V. Hassan, MB, BCh, BAO, DPH,<br>(Part-time)<br>Susan Airey, MB, ChB. (Part-time)<br>Elizabeth Robertson, MB, ChB.<br>(Part-time)<br>Joyce Medley, MB, ChB. (Part-time) |
| Area Dental Officer  | ... | ... | ... | B. G. Brown, LDS, RCS, (Eng.)<br>(Part-time)   |
| Dental Officer   | ... | ... | ... | M. Ashar, LDS, RCS.  |
| Superintendent Health Visitor  | ... | ... | ... | Miss I. C. Roberts, SRN, SCM, QN,<br>HV Cert.  |
| Health Visitors  | ... | ... | ... | 14 Full-time (one engaged entirely on<br>tuberculosis work).   |
| Non-Medical Supervisor of Midwives<br>and Superintendent of District<br>Nurses | ... | ... | ... | Miss E. Bergin, SRN, SCM   |
| Midwives   | ... | ... | ... | 13 Full-time   |
| District Nurses  | ... | ... | ... | 6 Full-time<br>4 Part-time   |
| Domestic Help Organizer  | ... | ... | ... | Mrs B. Oliver  |
| Home Helps   | ... | ... | ... | 45 Part-time   |
| Senior Administrative Assistant  | ... | ... | ... | H. S. Alleyne DPA, ARSH  |
| Administrative and Clerical Officers   | ... | ... | ... | 12 Full-time<br>6 Part-time  |



## Care of mothers and young children (Section 22)

General practitioners continued the ante and post-natal care of their patients in county council clinics with the help of county midwives and health visitors. The midwives also held their own clinics and in 1964 took over the running of relaxation classes from the health visitors, but the latter retained the teaching of mothercraft. The number of women who came to these classes fell in the years 1963 - 65 partly because of the lower birth rate and partly because of the start in 1965 of similar classes at Princess Alexandra Hospital for patients due to be confined there. There were, therefore, fewer sessions held at county council clinics. During the same period, however, the attendances of midwives at ante-natal and post-natal clinics increased from 1,195 in 1963 to 1,459 in 1965 indicating that better care was given to fewer patients. (Table 45).

An interesting and successful experiment was the addition of dental health education to the mothercraft classes. Other health education was also intensified and many expectant mothers and fathers attended evening meetings when appropriate films were shown.

Many of the women attending ante-natal clinics have small children whom they have nobody to leave with at home. To help them arrangements were made with some of the secondary schools for senior girls to mind these children in the clinics. At Lister House a special toddlers' room with toys was provided but in other clinics it was necessary to resort to improvisation.

Since the establishment of the Harlow Health Area, child welfare work has been extended and improved. The number of clinic sessions with a doctor in attendance rose from 591 in 1963 to 630 in 1965. In addition, health visitors' consultative sessions were held at which mothers could obtain advice on various problems for which professional medical training of a doctor was not necessary. (Table 46).

Thus in the period 1963 - 1965 the number of child welfare sessions of both types increased by 12.8% whilst during the same period the population increased by only 6.6% and live births fell by 2.1%. Nevertheless, despite the expansion of the service and a smaller number of children to cope with, some of the clinics remained overcrowded because the premises had been planned on too small a scale. Much of the overcrowding was due to the mothers who came to weigh their babies at too frequent intervals believing mistakenly that a gain in weight was the surest evidence of the child's good health and normal development. Others came to the clinics for the sole purpose of buying cheap food provided under the county council scheme and did not need or wish to consult either the doctor or the health visitor.

Instructions were issued to the staff to discourage (but not refuse) the weighing of babies on demand and to limit it to specific periods in the child's life and to occasions when either the clinic doctor or health visitor deemed it to be necessary.

The sale of a large variety of foods in the clinics presented problems throughout the County and all area medical officers were unanimous in demanding that it be curbed and strictly controlled. The County Health Committee, therefore, decided that the number of items of food stocked should be gradually cut down to essentials and their sale be made only on recommendation of a doctor, health visitor or midwife. This did not affect the distribution of welfare foods under the government scheme which remained unaltered.



In addition to the above mentioned measures taken to eliminate unnecessary attendances at child welfare clinics, minor rearrangements were made at Addison House and Keats House in an effort to reduce overcrowding. The problem at Keats House is particularly serious and can be solved only by enlarging the premises. Plans to do this were drawn up early in 1964 but the owners of the building, the Nuffield Provincial Hospitals Trust, have not yet approved these and there is no hope of alleviating the situation in this centre within the near future. The decision of the Trust is also awaited on the proposal to build a group practice and clinic centre in Old Harlow. Meanwhile the child welfare clinics there are held in a very inadequate rented hall.

At Sydenham House improvements were made to the heating arrangements.

A new departure was the establishment in 1965 of child development centres at Lister House and Sydenham House. Children between three and five years old are admitted strictly on medical grounds which at first were limited to incipient emotional and social maladjustment. Later, children with physical handicaps were also accepted in order to assess their disability and possible requirements for special educational treatment in the future.

Soon after the Harlow Health Area came into existence, steps were taken to improve the supervision of children under five years old cared for in day nurseries or by daily minders. As a preliminary to registration, all premises are now inspected by a senior health visitor, a public health inspector and an officer of the Fire Service who submit a report to the Area Medical Officer upon which he bases his recommendations to the Committee. The conditions for registration of either persons or premises were made more specific, and regular inspections were carried out to ensure that they were complied with. On 31st December, 1965 there were 12 premises registered under the Nurseries and Child-Minders Regulations Act, 1948; all were in effect play groups and were attended by 259 children.

On the same date 9 women were registered as child minders and cared for 13 children.

Finally, mention must be made of the starting of an "At Risk Register". In it are included children who because of ante-natal or perinatal history run a risk of developing a physical or mental defect and therefore require close supervision.

### **Midwifery (Section 23)**

As a result of the declining birth rate and of the opening of the Maternity Department at Princess Alexandra Hospital, the number of domiciliary confinements fell from 760 in 1963 to 554 in 1965. The easing of pressure allowed various improvements to be introduced. Whilst in 1963 there was only one teaching midwife, more were approved by the Central Midwives Board in the following years, and in 1965 their number reached eight. In that year 25 pupil midwives completed their district training in Harlow. During 1965 two midwives attended post-graduate courses as prescribed by the Central Midwives Board.

Arrangements were made with the GPO for telephone calls to midwives off duty to be re-routed to those on call so that little time is lost by patients in obtaining assistance.

The equipment of domiciliary midwives was also brought up-to-date. They were all provided with oxygen resuscitators, low-reading thermometers, powerful electric torches and bed blocks. In addition, disposable syringes and needles were introduced which not only saved the midwives' time but safeguarded the



patients from serum hepatitis.

Suitable arrangements were made for the disposal of placentae and for this purpose stout black polythene bags were issued to midwives.

Good relations were established with the Maternity Department of Princess Alexandra Hospital through the service of the Area Medical Officer and the Supervisor of Midwives on the Obstetric Liaison Committee and direct by the domiciliary midwives who attended various meetings at the hospital. For midwifery statistics see Table 47.

### **Health visiting (Section 24)**

The health visiting service continued on the same lines as before despite the generally low establishment of health visitors and the occasional vacancies which it was difficult to fill. All health visitors were also employed as school nurses for 40% of their time and, whilst the number of schools increased in the three years 1963 - 1965 by six, and that of the pupils by 2,281, the number of health visitors remained the same. It was therefore unavoidable that some of the school health work should have been done at the expense of health visiting which had to be more selective. Statistics showing the work carried out are in Table 48.

During the period reviewed most health visitors attended courses in audiology and one of them has since undertaken audiometry for all the cases referred through the Area Health Office.

With the opening of the Maternity Department of Princess Alexandra Hospital it was arranged that health visitors should in turn visit the wards in order to make contact with the mothers prior to their discharge and to learn from the staff of any real or potential problems which had arisen during the patients' stay in hospital. The health visitors also attended the Paediatric Out-patient Clinic as well as the Orthopaedic Ascertainment Clinic for Children. Good liaison was maintained with other statutory or voluntary social workers.

The Tuberculosis Visitor continued her work both in the Chest Clinic and in the patients' homes. Because of her rather specialized work it was difficult to replace her when she was on holiday or ill.

### **Home nursing (Section 25)**

A high standard of district nursing was maintained at all times. By seeing some patients in the clinics instead of in their homes, and by the use of disposable syringes and needles and pre-packed sterile dressings, the domiciliary nurses could attend to more cases in less time. During 1963 - 65 three home nurses received a three month course in district nursing from which both they and their patients greatly benefited. All nurses were instructed to pay special attention to old people in the winter when there is a risk of hypothermia. Special low-reading thermometers were issued to them for this purpose.

Nurses' duty rotas were made available to general practitioners each Saturday morning and doctors could telephone messages to the Area Health Office if they were unable to contact a nurse direct.

There was good co-operation with the hospitals so that the nursing of discharged patients could continue without interruption. Table 49 gives a statistical survey of the work of home nurses.

By arrangement with the Marie Curie Memorial Foundation a sum of money



was placed at the disposal of the Area Medical Officer to pay for special nursing, extra nourishment and other needs of cancer patients in the terminal stages of their illness.

### **Vaccination and immunization (Section 26)**

Most vaccinations and immunizations are carried out by general practitioners in their surgeries and only a small proportion is done in child welfare clinics or in schools. By means of posters and leaflets, as well as by direct approach, parents are urged to have their children protected against the main infectious diseases. When a child is one year old a birthday greeting card is sent from the Area Health Office with general advice to parents on the health of the child and with a reminder about vaccination and immunization if this has not already been carried out. In addition health visitors receive lists of children living in their districts showing the state of immunization as it is known to the Area Health Office. They then follow up those children who either have not been protected at all or whose immunizations have not been completed. In such a way a satisfactory state of immunity is maintained in the children living in the community. Details of vaccinations and immunizations are given in Table 50.

### **Prevention of illness, care and after-care (Section 28)**

Of the various services provided under Section 28 of the National Health Service Act, chiropody was the one which was expanded most during the period 1963 - 65. The appointment of additional part-time chiropodists enabled old people, handicapped persons and others within the priority categories to have treatment without delay. Moreover, a domiciliary service was started for those who were house-bound. The total number of treatments rose from 1,640 in 1963 to 4,456 in 1965. More details will be found in Table 51.

The stock of sickroom equipment issued on loan was increased and many patients benefited from the provision of various nursing aids. Incontinent patients were helped by the issue of special disposable pads.

Recuperative holidays were arranged for 10 adults and 3 children in 1965.

The care and after-care given by the Tuberculosis Visitor was mentioned on page 39. Here it will suffice to add that 112 persons were provided with free milk in 1965.

### **Domestic help (Section 29)**

With the growth of the town and the rise in the proportion of old people in the community, the domestic help service continued to expand. This is reflected both in the total number of households attended during the years 1963 - 65 and in the number of hours of assistance given (Table 52). Only help to maternity cases decreased because of a lower birth rate and fewer home confinements.

The home helps employed in the service are carefully selected and many of them show a devotion to duty far above that which their remuneration would call for. In order to improve their status and efficiency and give them more confidence in the carrying out of their work, training courses were started in Harlow consisting of 12 weekly lectures and demonstrations. These proved to be very successful and will be continued and improved. In addition to the local course, selected home helps were offered a more advanced course at Chelmsford and six attended during the three years reviewed.



## II SCHOOL HEALTH SERVICE — EDUCATION ACT, 1944

The following is only a brief summary of the work carried out in the years 1963 - 65 based on separate and detailed reports on the School Health Service presented each year to the Divisional Executive.

The present pattern of the service is basically the same as that introduced in 1958 when at the suggestion of the Divisional School Medical Officer, who was then Assistant County Medical Officer, a system of selective medical examinations replaced the routine inspections of children in the age group 10-11 years. This was the first departure in Essex from a hitherto generally accepted scheme of medical inspections and required sanction from the Ministry of Education. The new scheme first ran as an experiment but its success was soon obvious and the Minister allowed it to continue as a permanent feature.

An innovation in 1964 was the attachment of a school medical officer to the hospital Paediatric Out-Patient Department as honorary clinical assistant. This created a close link between the School Health Service and the Paediatric Department of the hospital. Health visitors also attended the department on a rota basis.

During the three years reviewed, staff shortages as well as the inevitable changes in personnel caused many difficulties which could only be overcome through the devotion to duty of those who remained in their posts. The School Health Service could thus make a valuable contribution towards maintaining the good health of the community by taking care of its younger members attending school.

### **School population**

The high percentage of persons of school age in the population (24.9% in 1965) and the steadily increasing number of schools and pupils is one of the features of Harlow. At the beginning of 1963 there were 31 primary, 6 secondary and one special school with a total of 14,632 pupils. By December 1965 the town had 35 primary, 8 secondary and one special school and the number of pupils had increased to 16,913.

### **Medical inspections**

Under the scheme in force in Harlow all new entrants to infant schools are examined as soon as possible after admission. A further routine examination takes place when the children are between 14 and 15 years old. During the intervening time special consultative examinations are arranged whenever necessary. Requests for such examinations come from parents, general practitioners, teachers and school nurses. Children found to have some defect of health either on routine or special examination are kept under observation and, if need be, are referred for a consultant's opinion. Table 54 shows the number of routine and special examinations carried out during the years 1963 - 65 and the number of defects found.

The increase in school health work was due not only to the larger school population but to the fact that some children required special attention and more frequent examinations. This refers particularly to the educationally sub-normal pupils at the Mead School whose numbers increased rapidly when the school moved in 1964 from its temporary premises in Nazeing to the present new building. In 1965 an assessment unit was opened which is part of the Mead School but is out of necessity housed in separate premises. Moreover, since 1964 there have been two nursery classes in existence and the children who attend them are medically examined every year.



## **Dental service**

The general shortage of dentists and the low remuneration offered by local authorities, compared with the rewards to be gained in National Health Service practice, made recruitment to the School Dental Service very difficult. Until late in 1962 such a service did not exist in Harlow at all, although at the time there were six dental surgeries available to which two more were added in 1964. In October 1962 a full-time dental officer was appointed and in the following years some full and part-time dentists were employed for varying periods of time. However, at no time was it possible to extend an efficient service to all the school children in the town and it was therefore decided that, rather than provide an inadequate service for the largest possible number of children, dental inspections and treatment should be offered to pupils from a limited number of schools. In 1965 only 12 primary and 5 comprehensive schools were included in this programme. A total of 7,809 pupils had dental inspections, and treatment was offered to 2,588 of them. The parents of 1,023 pupils gave their consent to treatment whilst 870 stated that they wished to avail themselves of the services of their own dentist. In 695 cases there was no reply to the offer of treatment at a school dental clinic. Because of the ups and downs in the service caused by staff shortage the figures for 1965 do not lend themselves to comparison with previous years.

To appraise the effectiveness of health education and at the same time to counteract the shortage of dentists, a five-year dental health campaign was undertaken in Harlow. It was organized jointly by the Ministry of Health and the County Council and consisted of an initial dental inspection and of "dental health weeks" in selected schools. The children were given talks on the care of teeth, suitable films were shown and elaborate exhibitions were staged. This five-year campaign was concluded in 1965; its success or failure will be assessed by a final dental inspection.

## **Child guidance**

The Education Department is directly responsible for the administration of the Child Guidance Clinic which is really an integral part of the School Health Service. It is an open access clinic to which children are referred by general practitioners, school medical officers, probation officers and by the parents themselves. The prompt and effective treatment of emotional and behaviour difficulties aims at preventing mental ill health, social maladjustment, delinquency and other serious problems in later years.

There have been two important landmarks in the relatively short life of the Child Guidance Clinic. One was the resignation of the first Medical Director, Dr A. C. R. Skynner, in 1964 and his replacement by Dr R. M. Gabriel; the other was the extension of the work of the clinic to the newly created West Essex Division in 1965. The latter was necessitated by the boundary changes affecting the County of Essex and the consequent reorganization of the administration of the health and education services. In due course the Harlow clinic will be the centre for satellite clinics in West Essex.

## **Cleanliness surveys**

The children attending Harlow schools are generally clean both in body and dress and it is not often that any are found infested with lice. The families of those who are likely to be so are usually known to the health visitors who keep a watchful eye on them. It is for this reason that cleanliness surveys in schools are kept to a minimum. During 1965 the heads of 3,381 pupils below the age of 14



years were inspected. Infestation was found in 22 cases and the parents of the children were visited and advised how to deal with the condition. Continuous supervision was maintained when this was considered necessary; in four cases reinfestation was found on subsequent inspection.

### **Defective hearing**

Late in 1962 a transistor-type audiometer was acquired and one of the health visitors/school nurses received training in its use. A second audiometer was subsequently purchased in 1965 and more staff was instructed in audiometry. Testing was carried out in the following cases:

- a) where a loss of hearing was suspected
- b) before referral for speech therapy
- c) in reported backwardness and especially where the need for special educational treatment was being considered.

In the three years under review 359 pupils were found to require audiometry and of these 117 were referred to a consultant. Table 55 shows the results of the tests and includes those cases seen by a specialist.

Shortage of staff and equipment has so far prevented the routine screening of all school children.

In 1965 a special survey of partially hearing children attending ordinary schools was undertaken in order to ensure that every help in dealing with the handicap was given both to the children and their parents.

### **Enuresis**

There are many children in Harlow who suffer from nocturnal enuresis (bed wetting), not because the condition is particularly prevalent here but because it affects mainly the young and there is such a large number of them in the community. Enuresis is distressing to the child and to the parents and, as the general practitioners were unable to provide the long and often time-consuming treatment for it, the Divisional School Medical Officer, who at the time was Assistant County Medical Officer, started an experimental clinic in November 1958.

The clinic got under way with the consent of the County Council and the Essex Medical Committee representing the family doctors, and initially two electric buzzers and wire mats which go with them were obtained from a charitable foundation. With the passage of time the clinic got established on a permanent basis. Controlled clinical trials were conducted with various drugs but treatment is in the main still with the electric buzzer of which an adequate number has since been supplied by the County Council. At the start one session a fortnight was held but this had to be increased to one session a week in 1965. During the three years 1963 - 1965 treatment was given to 356 children, a high proportion of whom were either completely cured or greatly improved.

### **Speech therapy**

This service, like school dentistry, suffers chronically from shortage of staff. There were long periods of time when the list of children awaiting treatment caused considerable anxiety. Whenever staff was available sessions were held at four clinic centres and, since 1963, also at the Mead Special School. For statistics see Table 56.



## **Prevention of tuberculosis**

Prevention of tuberculosis in school children takes two forms: case finding amongst entrants to infant schools and Heaf testing and BCG vaccination of 13 year-old pupils.

The object of case finding, which is carried out by means of Heaf tests, is not only to detect children who have had an early infection, but through them to find the adult tuberculosis patients who might have infected them. Therefore, in every case where the Heaf test is positive, the child, as well as all contacts in the household, is examined at the Chest Clinic. Although tuberculosis case finding in school entrants is a voluntary scheme, the co-operation of parents has always been very good.

Immunization against tuberculosis by BCG vaccine is offered to children about 13 years old who do not react to a preliminary Heaf test. Children who have a positive reaction need not be vaccinated but, as they have already been exposed to tuberculosis infection, they are referred to the chest physician for investigation. An explanatory letter which incorporates a consent form is sent to the parents of each pupil in the 13+ age group but the rate of acceptance leaves much to be desired and varies greatly from school to school and from year to year. For statistics see Table 57.

## **Orthopaedics and physiotherapy**

The Regional Hospital Board provides a consultant orthopaedic surgeon and physiotherapists who work in county council clinics. The object of this service is to enable children to obtain prompt advice and treatment without having to go to the Out-patients Department of the hospital. The orthopaedic surgeon holds sessions at Chadwick House and his clinic is attended by one of the school medical officers and by a health visitor/school nurse. The number of orthopaedic sessions varied during the past years according to the availability of a consultant and the number of children referred. In 1965 three sessions were held each month. The children were referred through the School Health Service or by general practitioners direct.

Physiotherapists work in Chadwick House, Keats House and Lister House and give treatment prescribed by the orthopaedic surgeon who from time to time reviews the cases. This enables most parents to bring their children to a neighbourhood clinic instead of making the trip to the hospital. Many minor orthopaedic defects are detected and treated which otherwise the parents might not have attended to.

## **Recuperative holidays**

The generally high standard of living in Harlow and the good state of health and nutrition of the children explains the little use made of recuperative holidays which can be arranged through the school health service. During the three years 1963 - 1965 only 17 children were sent to convalescent homes at Bournemouth, Bognor, Broadstairs and Littlehampton.



## SECTION C — STATISTICAL DATA

(Figures in parenthesis refer to the year 1964)



**TABLE 1** **SOCIAL CONDITIONS, 1956 - 1965**

| Area: 6313 acres                                |         |         |         |         |         |         |         |            |           |           |  |
|---|---------|---------|---------|---------|---------|---------|---------|------------|-----------|-----------|--|
|   | 1956    | 1957    | 1958    | 1959    | 1960    | 1961    | 1962    | 1963       | 1964      | 1965      |  |
| Number of houses (mid-year) ...                 | 9,646   | 10,850  | 12,152  | 13,745  | 14,670  | 15,782  | 16,900  | 17,500     | 18,200    | 18,900    |  |
| Number of houses per acre<br>(average) ...      | 1.5     | 1.7     | 1.9     | 2.2     | 2.3     | 2.5     | 2.6     | 2.8        | 2.9       | 3.0       |  |
| Number of persons per acre<br>(average) ...     | 4.7     | 5.6     | 6.5     | 7.2     | 7.7     | 8.6     | 9.2     | 9.7        | 10.1      | 10.5      |  |
| Number of persons per house<br>(average) ...    | 3.1     | 3.3     | 3.4     | 3.2     | 3.3     | 3.4     | 3.4     | 3.5        | 3.5       | 3.5       |  |
| Ratable value (mid-year) £                      | 380,150 | 401,483 | 485,772 | 675,951 | 750,214 | 821,365 | 908,313 | *3,112,123 | 3,225,671 | 3,402,915 |  |
| Product of a penny rate<br>(financial year) ... | 1,627   | 1,963   | 2,436   | 2,966   | 3,320   | 3,761   | 3,927   | 13,104     | 14,471    | 15,000    |  |
| Rate in the pound<br>(financial year) ...       | 17/-    | 20/-    | 20/4    | 22/2    | 23/4    | 24/2    | 26/6    | 10/-       | 10/9      | 11/10     |  |

\* Revaluation



TABLE 2

## MID-YEAR POPULATION, 1956 - 1965

| <i>Year</i> | <i>Population</i> | <i>Increase on<br/>previous year</i> | <i>Part of increase<br/>due to natural<br/>increase</i> | <i>Part of increase due<br/>to migration.</i> |
|-------------|-------------------|--------------------------------------|---|---|
| 1956        | 29,830            | 5,170                                | 835 (16.2%)   | 4,335 (83.8%)                                 |
| 1957        | 35,690            | 5,860                                | 998 (17.0%)   | 4,862 (83.0%)                                 |
| 1958        | 40,890            | 5,200                                | 1,158 (22.3%)   | 4,042 (77.7%)                                 |
| 1959        | 45,250            | 4,360                                | 1,162 (26.7%)   | 3,198 (73.3%)                                 |
| 1960        | 49,000            | 3,750                                | 1,176 (31.3%)   | 2,574 (68.7%)                                 |
| * 1961      | 54,340            | 5,340                                | 1,305 (24.5%)   | 4,035 (75.5%)                                 |
| 1962        | 58,180            | 3,840                                | 1,304 (34.0%)   | 2,536 (66.0%)                                 |
| 1963        | 61,140            | 2,960                                | 1,270 (42.9%)   | 1,690 (57.1%)                                 |
| 1964        | 63,540            | 2,400                                | 1,300 (51.2%)   | 1,100 (48.8%)                                 |
| 1965        | 66,260            | 2,720                                | 1,213 (44.6%)   | 1,507 (55.4%)                                 |

\* Census year



POPULATION GROWTH

FIGURE 1

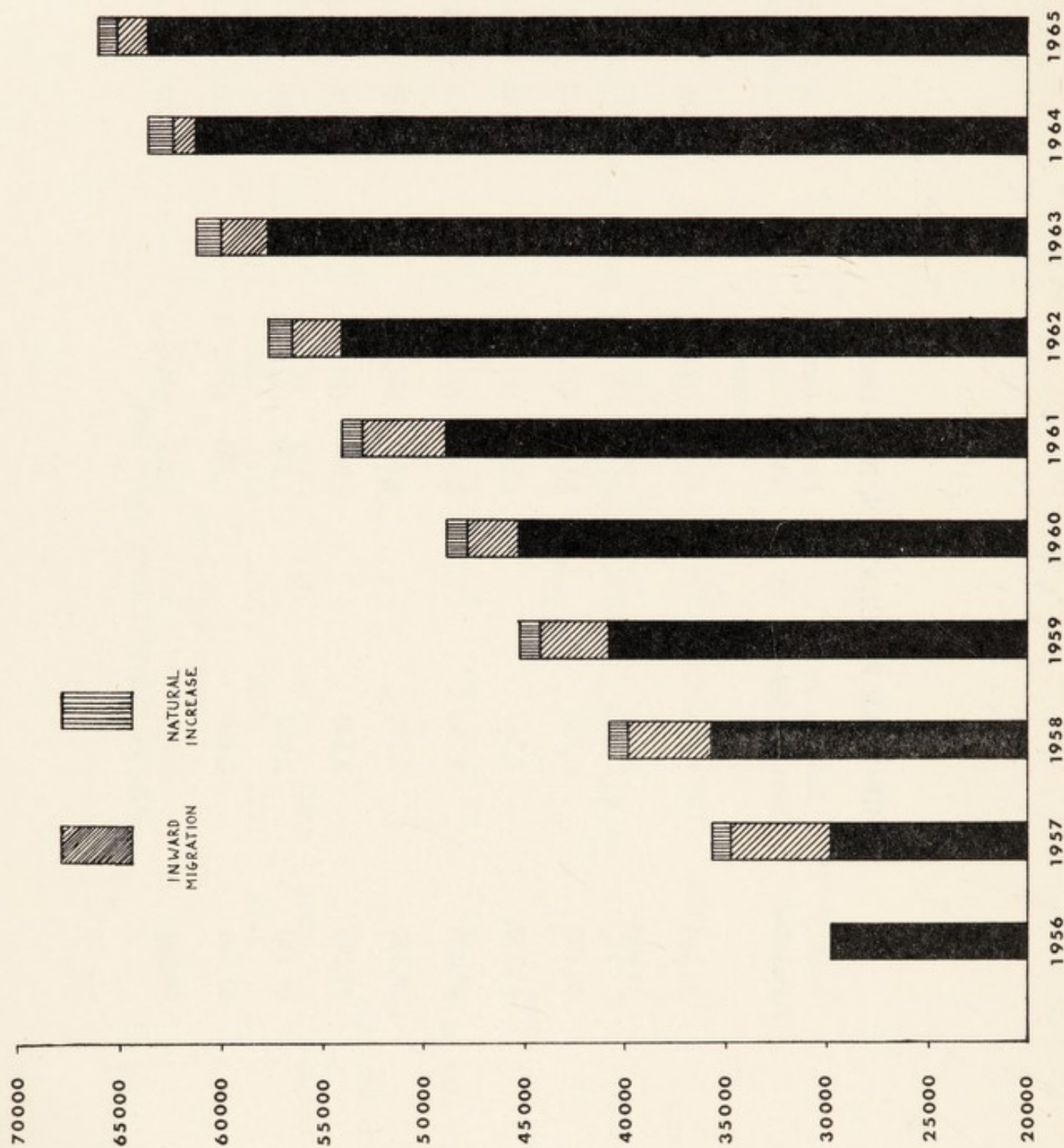




TABLE 3

## LIVE BIRTHS, 1956 - 1965

| Legitimate   | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|--------------|------|------|------|------|------|------|------|------|------|------|
| Male ...     | 505  | 573  | 665  | 659  | 663  | 758  | 787  | 733  | 800  | 687  |
| Female ...   | 455  | 558  | 640  | 663  | 680  | 702  | 715  | 728  | 696  | 725  |
| Illegitimate |      |      |      |      |      |      |      |      |      |      |
| Male ...     | 15   | 15   | 17   | 10   | 11   | 18   | 23   | 28   | 31   | 31   |
| Female ...   | 7    | 6    | 14   | 15   | 11   | 24   | 21   | 16   | 24   | 34   |
| Total        |      |      |      |      |      |      |      |      |      |      |
| Male ...     | 520  | 588  | 682  | 669  | 674  | 776  | 810  | 761  | 831  | 718  |
| Female ...   | 462  | 564  | 654  | 678  | 691  | 726  | 736  | 744  | 720  | 759  |

TABLE 4

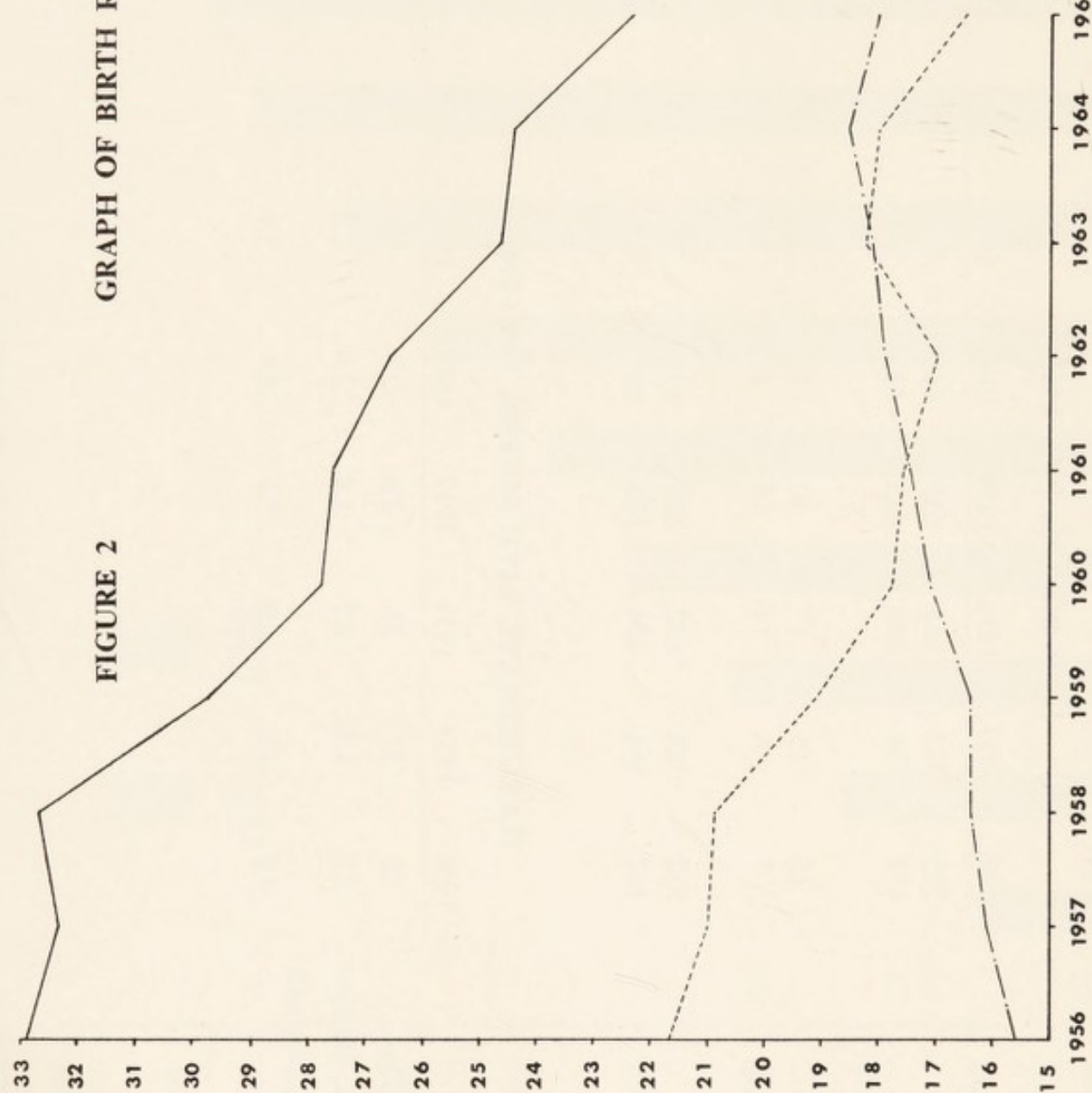
## ILLEGITIMATE LIVE BIRTHS, 1956 - 1965

|   | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|---|------|------|------|------|------|------|------|------|------|------|
| Number registered, Harlow ...                   | 22   | 21   | 31   | 25   | 22   | 42   | 44   | 44   | 55   | 65   |
| Rate per 100 live births, Harlow                | 2.2  | 1.8  | 2.3  | 1.8  | 1.6  | 2.8  | 2.8  | 2.9  | 3.5  | 4.4  |
| Rate per 100 live births, England and Wales ... | 4.8  | 4.8  | 4.9  | 5.1  | 5.4  | 5.9  | 6.6  | 6.9  | 7.2  | 7.7  |



GRAPH OF BIRTH RATES

FIGURE 2



\* COMPARABILITY FACTOR 0.74



TABLE 5

## RATIO OF LIVE MALE BIRTHS TO 100 LIVE FEMALE BIRTHS, 1956 - 1965

| <i>Year</i>       | <i>Harlow</i> | <i>England &amp; Wales</i> |
|-------------------|---------------|----------------------------|
| 1956              | 112.5         | 105.6                      |
| 1957              | 104.2         | 106.0                      |
| 1958              | 116.0         | 105.8                      |
| 1959              | 98.7          | 106.2                      |
| 1960              | 97.2          | 106.2                      |
| 1961              | 106.9         | 106.2                      |
| 1962              | 110.0         | 106.0                      |
| 1963              | 102.3         | 105.6                      |
| 1964              | 115.4         | 106.2                      |
| 1965              | 94.6          | 105.6                      |
| Average 10 years: | 105.2         | 105.9                      |

TABLE 6

## PREMATURE INFANTS (5½ lbs. weight or under)

## Place of Birth and Mortality, 1965

| <i>Place of Birth</i> |     | <i>Still Births</i> |       | <i>Live Births</i> |      | <i>Death within:</i> |               |                |
|-----------------------|-----|---------------------|-------|--------------------|------|----------------------|---------------|----------------|
|                       |     |                     |       |                    |      | <i>24 hrs.</i>       | <i>7 days</i> | <i>28 days</i> |
| Hospital              | ... | 10                  | ( 6 ) | 64                 | (65) | 6 ( 6 )              | 1 ( 3 )       | 1 ( 1 )        |
| Home                  | ... | —                   | ( 1 ) | 9                  | (17) | — (—)                | — (—)         | — (—)          |

All infants who died in hospital were also born there.



**TABLE 7** **STILL BIRTHS, 1956 - 1965**

|  | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|--|------|------|------|------|------|------|------|------|------|------|
| <b>Legitimate</b>                                  |      |      |      |      |      |      |      |      |      |      |
| Male ...   | 11   | 18   | 9    | 14   | 15   | 17   | 10   | 10   | 11   | 10   |
| Female ...   | 10   | 12   | 7    | 6    | 8    | 16   | 8    | 11   | 8    | 5    |
| <b>Illegitimate</b>                                |      |      |      |      |      |      |      |      |      |      |
| Male ...   | —    | —    | —    | —    | —    | —    | —    | —    | —    | —    |
| Female ...   | —    | 1    | —    | 1    | 1    | —    | 1    | —    | —    | —    |
| <b>Total</b>                                       | 21   | 31   | 16   | 21   | 24   | 33   | 19   | 21   | 19   | 15   |
| <b>Rate per 1000 live and still births, Harlow</b> | 20.9 | 26.2 | 11.8 | 15.3 | 17.3 | 21.5 | 12.1 | 14.4 | 12.1 | 10.7 |
| <b>Rate for England and Wales</b>                  | 23.0 | 22.4 | 21.6 | 21.0 | 19.8 | 19.1 | 18.1 | 17.2 | 16.4 | 15.8 |

TABLE 8

## CAUSES AND PLACE OF STILL BIRTHS, 1965

|  |     |     |     |     |     |     | <i>Hospital</i> | <i>Home</i> | <i>Total</i> |
|--|-----|-----|-----|-----|-----|-----|-----------------|-------------|--------------|
| Congenital malformation of foetus                  | ... | ... | ... |     |     |     | 2               | —           | 2            |
| Birth injury                                       | ... | ... | ... | ... | ... | ... | 2               | —           | 2            |
| Disease and conditions of pregnancy and childbirth |     |     |     |     |     |     | 4               | —           | 4            |
| Disease of foetus and ill-defined causes           | ... | ... |     |     |     |     | 5               | —           | 5            |
| Placental and cord conditions                      | ... | ... | ... |     |     |     | 2               | —           | 2            |

## Still Births according to place of booking and delivery

| <i>Place of<br/>Booking</i> | <i>Place of Confinement</i>       |     |     |     |     |  | <i>Parity</i> |   |   |   |   |    |
|-----------------------------|-----------------------------------|-----|-----|-----|-----|--|---------------|---|---|---|---|----|
|                             |                                   |     |     |     |     |  | 0             | 1 | 2 | 3 | 4 | 5+ |
| Hospital                    | Hospital                          | ... | ... | ... | ... |  | 5             | 1 | 2 | 3 | — | 1  |
| Home                        | Home                              | ... | ... | ... | ... |  | —             | — | — | — | — | —  |
| Home                        | Hospital (transfer before labour) |     |     |     |     |  | —             | 1 | 1 | — | — | —  |
| Home                        | Hospital (transfer in labour)     |     |     |     |     |  | —             | — | 1 | — | — | —  |



**TABLE 9** **DEATHS AT ALL AGES, 1956 - 1965**

|   | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|---|------|------|------|------|------|------|------|------|------|------|
| Male ... ..                                       | 76   | 76   | 94   | 95   | 99   | 113  | 126  | 136  | 133  | 152  |
| Female ... ..                                     | 71   | 78   | 84   | 90   | 90   | 84   | 116  | 99   | 118  | 112  |
| Total...  | 147  | 154  | 178  | 185  | 189  | 197  | 242  | 235  | 251  | 264  |
| Crude rate per 1000 population                    | 5.0  | 4.3  | 4.3  | 4.1  | 3.8  | 3.6  | 4.2  | 3.8  | 3.9  | 4.0  |
| *Adjusted rate per 1000 population, Harlow ... .. | 11.8 | 10.7 | 11.0 | 10.8 | 10.1 | 9.8  | 11.5 | 10.0 | 10.3 | 10.5 |
| Rate for England and Wales ...                    | 11.7 | 11.5 | 11.7 | 11.6 | 11.5 | 11.9 | 11.9 | 12.2 | 11.3 | 11.5 |

\* Comparability factor 2.62

TABLE 10

## AGE AND SEX DISTRIBUTION OF DEATHS, 1965

| <i>Age</i>               |     |     |     | <i>Male</i> |       | <i>Female</i> |       | <i>Total</i> |       |
|--------------------------|-----|-----|-----|-------------|-------|---------------|-------|--------------|-------|
| Under 4 weeks            | ... | ... | ... | 9           | (11)  | 4             | (6)   | 13           | (17)  |
| 4 weeks and under 1 year | ... | ... | ... | 7           | (3)   | 3             | (1)   | 10           | (4)   |
| 1 — 4 years              | ... | ... | ... | 4           | (3)   | 2             | (1)   | 6            | (4)   |
| 5 — 14 years             | ... | ... | ... | 1           | (3)   | —             | (1)   | 1            | (4)   |
| 15 — 24 years            | ... | ... | ... | 2           | (3)   | 1             | (4)   | 3            | (7)   |
| 25 — 34 years            | ... | ... | ... | 2           | (1)   | 3             | (5)   | 5            | (6)   |
| 35 — 44 years            | ... | ... | ... | 9           | (13)  | 11            | (13)  | 20           | (26)  |
| 45 — 54 years            | ... | ... | ... | 19          | (17)  | 7             | (9)   | 26           | (26)  |
| 55 — 64 years            | ... | ... | ... | 23          | (15)  | 12            | (6)   | 35           | (21)  |
| 65 — 74 years            | ... | ... | ... | 39          | (26)  | 24            | (26)  | 63           | (52)  |
| 75 years and over        | ... | ... | ... | 37          | (38)  | 45            | (46)  | 82           | (84)  |
| Total                    | ... | ... | ... | 152         | (133) | 112           | (118) | 264          | (251) |

TABLE 11

## RATIO OF MALE DEATHS TO 100 FEMALE DEATHS, 1956 - 1965

| <i>Year</i>       | <i>Harlow</i> | <i>England &amp; Wales</i> |
|-------------------|---------------|----------------------------|
| 1956              | 107.0         | 105.7                      |
| 1957              | 97.4          | 107.2                      |
| 1958              | 111.9         | 105.6                      |
| 1959              | 105.5         | 104.7                      |
| 1960              | 110.0         | 104.8                      |
| 1961              | 134.5         | 103.6                      |
| 1962              | 108.6         | 104.6                      |
| 1963              | 137.4         | 104.2                      |
| 1964              | 112.7         | 105.7                      |
| 1965              | 135.7         | 105.7                      |
| Average 10 years: | 116.1         | 105.2                      |



TABLE 12

## CAUSES OF DEATH, 1965

|  | <i>Males</i> |       | <i>Females</i> |       | <i>Total</i> |       |
|--|--------------|-------|----------------|-------|--------------|-------|
| Tuberculosis, respiratory ... ..           | —            | (1)   | —              | (1)   | —            | (2)   |
| Tuberculosis, other ... ..                 | —            | (—)   | —              | (—)   | —            | (—)   |
| Syphilitic disease ... ..                  | 1            | (—)   | —              | (—)   | 1            | (—)   |
| Diphtheria ... ..                          | —            | (—)   | —              | (—)   | —            | (—)   |
| Whooping cough ... ..                      | —            | (—)   | —              | (—)   | —            | (—)   |
| Meningococcal infections ... ..            | —            | (—)   | —              | (—)   | —            | (—)   |
| Acute poliomyelitis ... ..                 | —            | (—)   | —              | (—)   | —            | (—)   |
| Measles ... ..                             | —            | (—)   | —              | (—)   | —            | (—)   |
| Other infective and parasitic diseases ... | 1            | (—)   | —              | (—)   | 1            | (—)   |
| Malignant neoplasm, stomach ... ..         | 3            | (4)   | —              | (1)   | 3            | (5)   |
| Malignant neoplasm, lung, bronchus ...     | 15           | (11)  | 1              | (1)   | 16           | (12)  |
| Malignant neoplasm, breast ... ..          | —            | (—)   | 8              | (7)   | 8            | (7)   |
| Malignant neoplasm, uterus ... ..          | —            | (—)   | 3              | (5)   | 3            | (5)   |
| Other malignant and lymphatic neoplasms    | 11           | (14)  | 20             | (9)   | 31           | (23)  |
| Leukaemia, aleukaemia ... ..               | 1            | (5)   | —              | (2)   | 1            | (7)   |
| Diabetes ... ..                            | —            | (—)   | 1              | (—)   | 1            | (—)   |
| Vascular lesions of nervous system ...     | 10           | (9)   | 16             | (16)  | 26           | (25)  |
| Coronary disease, angina ... ..            | 41           | (31)  | 20             | (14)  | 61           | (45)  |
| Hypertension with heart disease ... ..     | —            | (3)   | —              | (2)   | —            | (5)   |
| Other heart disease ... ..                 | 6            | (5)   | 5              | (17)  | 11           | (22)  |
| Other circulatory disease ... ..           | 7            | (4)   | 2              | (4)   | 9            | (8)   |
| Influenza ... ..                           | —            | (—)   | —              | (—)   | —            | (—)   |
| Pneumonia ... ..                           | 6            | (8)   | 11             | (7)   | 17           | (15)  |
| Bronchitis ... ..                          | 10           | (8)   | 2              | (3)   | 12           | (11)  |
| Other disease of respiratory system ...    | 3            | (1)   | —              | (2)   | 3            | (3)   |
| Ulcer of stomach and duodenum ... ..       | 2            | (—)   | —              | (—)   | 2            | (—)   |
| Gastritis, enteritis and diarrhoea ... ..  | —            | (—)   | 1              | (1)   | 1            | (1)   |
| Nephritis and nephrosis ... ..             | 1            | (—)   | —              | (—)   | 1            | (—)   |
| Hyperplasia of prostate ... ..             | 3            | (1)   | —              | (—)   | 3            | (1)   |
| Pregnancy, childbirth and abortion ...     | —            | (—)   | —              | (—)   | —            | (—)   |
| Congenital malformations ... ..            | 7            | (4)   | 5              | (1)   | 12           | (5)   |
| Other defined and ill-defined diseases ... | 14           | (15)  | 13             | (16)  | 27           | (31)  |
| Motor vehicle accidents ... ..             | 4            | (3)   | 1              | (1)   | 5            | (4)   |
| All other accidents ... ..                 | 1            | (4)   | —              | (6)   | 1            | (10)  |
| Suicides ... ..                            | 4            | (2)   | 3              | (3)   | 7            | (5)   |
| Homicides and operations of war ... ..     | 1            | (—)   | —              | (—)   | 1            | (—)   |
| Total                                      | 152          | (133) | 112            | (118) | 264          | (251) |

TABLE 13

**DEATHS FROM CERTAIN CAUSES AS PERCENTAGE  
OF ALL DEATHS, 1956 - 1965.**

|  | 1956      | 1957 |      | 1958 |      | 1959 |      | 1960 |      | 1961 |      | 1962 |      | 1963 |      | 1964 |      | 1965 |      |
|--|-----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
|  | *H †EW    | H    | EW   | H    | EW   | H    | EW   | H    | EW   | H    | EW   | H    | EW   | H    | EW   | H    | EW   | H    | EW   |
| Cancer of lung and<br>bronchus ...     | 3.4 3.5   | 3.2  | 3.7  | 6.7  | 3.8  | 6.5  | 4.0  | 6.4  | 4.2  | 5.6  | 4.1  | 6.2  | 4.3  | 7.2  | 4.2  | 4.8  | 4.7  | 6.1  | 4.8  |
| All other cancers<br>(incl. leukaemia) | 12.2 14.3 | 15.6 | 14.5 | 14.6 | 14.4 | 11.9 | 14.6 | 15.9 | 14.6 | 17.2 | 14.0 | 17.8 | 14.0 | 16.6 | 13.6 | 18.7 | 14.8 | 17.4 | 14.5 |
| Coronary disease                       | 17.7 14.3 | 13.0 | 14.7 | 15.2 | 15.7 | 15.1 | 15.8 | 19.0 | 17.2 | 15.7 | 17.0 | 16.9 | 18.0 | 16.2 | 18.5 | 17.9 | 19.6 | 23.1 | 20.6 |
| Total ...                              | 33.3 32.1 | 31.8 | 32.9 | 36.5 | 33.9 | 33.5 | 34.4 | 41.3 | 36.0 | 38.5 | 35.1 | 40.9 | 36.3 | 40.0 | 36.3 | 41.4 | 39.1 | 46.6 | 39.9 |

\* H = Harlow

† EW = England and Wales.



TABLE 14 MORTALITY RATE PER 10,000 POPULATION FROM CERTAIN CAUSES, 1956 - 1965

| Year | Cancer of lung and bronchus |                   | All other cancers incl. leukaemia |                   | Coronary disease |                   |     |      |
|------|-----------------------------|-------------------|-----------------------------------|-------------------|------------------|-------------------|-----|------|
|      | Harlow                      | England and Wales | Harlow                            | England and Wales | Harlow           | England and Wales |     |      |
| 1956 | ...                         | ...               | 1.7                               | 4.0               | 6.0              | 16.8              | 8.7 | 17.0 |
| 1957 | ...                         | ...               | 1.4                               | 4.2               | 6.7              | 16.7              | 5.6 | 17.0 |
| 1958 | ...                         | ...               | 2.7                               | 4.4               | 6.3              | 16.8              | 6.6 | 18.6 |
| 1959 | ...                         | ...               | 2.6                               | 4.6               | 4.9              | 16.8              | 6.6 | 18.7 |
| 1960 | ...                         | ...               | 2.4                               | 4.8               | 6.1              | 16.8              | 7.3 | 20.0 |
| 1961 | ...                         | ...               | 2.0                               | 4.9               | 6.2              | 16.7              | 5.7 | 20.7 |
| 1962 | ...                         | ...               | 2.6                               | 5.1               | 7.4              | 16.6              | 7.0 | 21.9 |
| 1963 | ...                         | ...               | 2.8                               | 5.2               | 6.4              | 16.6              | 6.2 | 22.9 |
| 1964 | ...                         | ...               | 1.9                               | 5.5               | 7.4              | 16.7              | 7.1 | 22.4 |
| 1965 | ...                         | ...               | 2.4                               | 5.5               | 6.9              | 16.7              | 9.2 | 22.7 |

TABLE 15

**INFANT MORTALITY (DEATHS OF INFANTS UNDER  
ONE YEAR OF LIFE) 1956-1965**

|   | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|---|------|------|------|------|------|------|------|------|------|------|
| Legitimate  |      |      |      |      |      |      |      |      |      |      |
| Male ...  | 12   | 15   | 12   | 9    | 9    | 21   | 12   | 10   | 13   | 16   |
| Female ...  | 11   | 10   | 14   | 17   | 8    | 10   | 10   | 4    | 7    | 7    |
| Illegitimate  |      |      |      |      |      |      |      |      |      |      |
| Male ...  | —    | 1    | —    | —    | —    | —    | —    | —    | 1    | —    |
| Female ...  | —    | —    | 1    | —    | —    | —    | 1    | —    | —    | —    |
| Total   |      |      |      |      |      |      |      |      |      |      |
| Male ...  | 12   | 16   | 12   | 9    | 9    | 21   | 12   | 10   | 14   | 16   |
| Female ...  | 11   | 10   | 15   | 17   | 8    | 10   | 11   | 4    | 7    | 7    |
| † Legitimate mortality rate,<br>Harlow ...              | 25.0 | 22.1 | 19.9 | 19.7 | 12.6 | 21.2 | 14.6 | 9.6  | 13.4 | 16.3 |
| † Legitimate mortality rate,<br>England and Wales ...   | 23.4 | 22.8 | 22.3 | 21.9 | 21.5 | 21.2 | 21.3 | 20.8 | 19.4 | *    |
| † Illegitimate mortality rate,<br>Harlow ...            | —    | 47.6 | 32.3 | —    | —    | —    | 22.7 | —    | 18.2 | —    |
| † Illegitimate mortality rate,<br>England and Wales ... | 28.4 | 30.0 | 27.8 | 27.4 | 26.4 | 25.3 | 27.3 | 26.0 | 26.3 | *    |
| † Total mortality rate, Harlow                          | 23.4 | 22.6 | 20.2 | 19.3 | 12.4 | 20.6 | 14.9 | 9.3  | 13.5 | 15.6 |
| † Total mortality rate, England<br>and Wales ...        | 23.7 | 23.5 | 22.5 | 22.2 | 21.8 | 21.4 | 21.7 | 21.1 | 19.9 | 19.0 |

† Infant mortality rate = Deaths of infants under one year of life per 1000 live births

\* Figures not available.



**TABLE 16** **NEONATAL MORTALITY (DEATHS OF INFANTS UNDER**  
**FOUR WEEKS OF LIFE) 1956-1965**

|  | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|--|------|------|------|------|------|------|------|------|------|------|
| Legitimate                             |      |      |      |      |      |      |      |      |      |      |
| Male ...                               | 9    | 8    | 10   | 9    | 3    | 14   | 11   | 7    | 10   | 9    |
| Female ...                             | 6    | 8    | 7    | 12   | 6    | 9    | 5    | 2    | 6    | 4    |
| Illegitimate                           |      |      |      |      |      |      |      |      |      |      |
| Male ...                               | —    | 1    | —    | —    | —    | —    | —    | —    | 1    | —    |
| Female ...                             | —    | —    | 1    | —    | —    | —    | 1    | —    | —    | —    |
| Total                                  |      |      |      |      |      |      |      |      |      |      |
| Male ...                               | 9    | 9    | 10   | 9    | 3    | 14   | 11   | 7    | 11   | 9    |
| Female ...                             | 6    | 8    | 8    | 12   | 6    | 9    | 6    | 2    | 6    | 4    |
| †Mortality rate, Harlow                | 15.3 | 14.7 | 13.5 | 15.6 | 6.6  | 15.3 | 11.0 | 6.0  | 11.0 | 8.8  |
| †Mortality rate, England and Wales ... | 16.8 | 16.5 | 16.2 | 15.9 | 15.5 | 15.3 | 15.1 | 14.3 | 13.8 | 13.0 |

† Neonatal mortality rate = deaths of infants under four weeks of life per 1000 live births.

TABLE 17

EARLY NEONATAL MORTALITY (DEATHS OF INFANTS  
UNDER SEVEN DAYS OF LIFE) 1956 - 1965

|   | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|---|------|------|------|------|------|------|------|------|------|------|
| Legitimate                              |      |      |      |      |      |      |      |      |      |      |
| Male ...                                | *    | *    | *    | 8    | 3    | 14   | 10   | 6    | 10   | 8    |
| Female ...                              | *    | *    | *    | 12   | 3    | 9    | 2    | 2    | 4    | 3    |
| Illegitimate                            |      |      |      |      |      |      |      |      |      |      |
| Male ...                                | *    | *    | *    | —    | —    | —    | —    | —    | 1    | —    |
| Female ...                              | *    | *    | *    | —    | —    | —    | 1    | —    | —    | —    |
| Total                                   |      |      |      |      |      |      |      |      |      |      |
| Male ...                                | *    | *    | *    | 8    | 3    | 14   | 10   | 6    | 11   | 8    |
| Female ...                              | *    | *    | *    | 12   | 3    | 9    | 3    | 2    | 4    | 3    |
| † Mortality rate, Harlow                | *    | *    | *    | 14.8 | 4.4  | 15.3 | 8.4  | 5.3  | 9.7  | 7.4  |
| † Mortality rate, England and Wales ... | 14.2 | 14.1 | 13.8 | 13.3 | 13.4 | 13.4 | 12.9 | 12.3 | 12.0 | 11.3 |

\* Figures not available.

† Early Neonatal mortality rate = deaths of infants under seven days of life per 1000 live births.



TABLE 18

## PERINATAL MORTALITY 1956 - 1965

(Still births and deaths of infants under seven days of life)

| <i>Year</i> | <i>Harlow</i> | <i>England &amp; Wales</i> |
|-------------|---------------|----------------------------|
| 1956        | *             | 36.7                       |
| 1957        | *             | 36.2                       |
| 1958        | *             | 35.0                       |
| 1959        | 30.0          | 34.1                       |
| 1960        | 21.6          | 32.8                       |
| 1961        | 36.5          | 32.0                       |
| 1962        | 20.5          | 30.8                       |
| 1963        | 19.0          | 29.3                       |
| 1964        | 21.6          | 28.2                       |
| 1965        | 17.4          | 26.9                       |

\* Figures not available.

Perinatal mortality = still births and deaths under seven days combined,  
per 1000 live and still births.

TABLE 19

## CAUSES OF DEATH OF INFANTS UNDER THE AGE OF ONE YEAR, 1965

|                          |     | Under 1 day | 1—7 days | Total under<br>1 week | 1—2 weeks | 2—3 weeks | 3—4 weeks | Total under<br>1 month | 1—3 months | 3—6 months | 6—9 months | 9—12 months | Total under<br>1 year |
|--------------------------|-----|-------------|----------|-----------------------|-----------|-----------|-----------|------------------------|------------|------------|------------|-------------|-----------------------|
| Prematurity              | ... | 5 (5)       | 1 (2)    | 6 (7)                 | — (1)     | — (—)     | — (—)     | 6 (8)                  | — (—)      | — (—)      | — (—)      | — (—)       | 6 (8)                 |
| Congenital malformations | ... | — (—)       | 2 (3)    | 2 (3)                 | 1 (—)     | — (—)     | — (1)     | 3 (4)                  | 5 (—)      | — (1)      | 1 (—)      | — (—)       | 9 (5)                 |
| Birth injuries           | ... | — (2)       | 1 (1)    | 1 (3)                 | — (—)     | — (—)     | — (—)     | 1 (3)                  | — (—)      | — (—)      | — (—)      | — (—)       | 1 (3)                 |
| Broncho-pneumonia        | ... | — (—)       | — (—)    | — (—)                 | — (—)     | — (—)     | — (—)     | — (—)                  | 1 (1)      | — (—)      | — (—)      | — (—)       | 1 (1)                 |
| Atelectasis              | ... | — (1)       | 1 (1)    | 1 (2)                 | — (—)     | — (—)     | — (—)     | 1 (2)                  | — (—)      | — (—)      | — (—)      | — (—)       | 1 (2)                 |
| Other                    | ... | 1 (—)       | 1 (—)    | 2 (—)                 | — (—)     | — (—)     | — (—)     | 2 (—)                  | — (—)      | 3 (1)      | — (—)      | — (1)       | 5 (2)                 |
| Total                    | ... | 6 (8)       | 6 (7)    | 12 (15)               | 1 (1)     | — (—)     | — (1)     | 13 (17)                | 6 (1)      | 3 (2)      | 1 (—)      | — (1)       | 23 (21)               |



TABLE 20

## RATIO OF MALE INFANT DEATHS TO 100 FEMALE INFANT DEATHS, 1956 - 1965

| <i>Year</i>       | <i>Harlow</i> | <i>England &amp; Wales</i> |
|-------------------|---------------|----------------------------|
| 1956              | 109.1         | 139.0                      |
| 1957              | 160.0         | 134.5                      |
| 1958              | 80.0          | 136.6                      |
| 1959              | 52.9          | 131.8                      |
| 1960              | 112.5         | 137.5                      |
| 1961              | 210.0         | 134.9                      |
| 1962              | 109.1         | 138.9                      |
| 1963              | 250.0         | 136.1                      |
| 1964              | 200.0         | 134.7                      |
| 1965              | 228.3         | *                          |
| Average 10 years: | 151.2         | *                          |

\* Figures not available.

TABLE 21

## COMMUNICABLE DISEASES (other than tuberculosis), 1965

Notifications according to age group

|                         | Age |     |     |     |     |     |     |     |     |     |     |       | Incidence rate per<br>10,000 population<br>England<br>& Wales |
|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|---|
|                         | 0—  | 1—  | 2—  | 3—  | 4—  | 5—  | 10— | 15— | 25— | 45— | 65— | Total |   |
| Scarlet fever ...       | —   | 2   | 5   | 14  | 15  | 68  | 5   | 2   | —   | —   | —   | 113   | 5.6   |
| Whooping cough ...      | 4   | 7   | 3   | 7   | 4   | 18  | 1   | 1   | —   | —   | —   | 45    | 2.7   |
| Measles ...             | 79  | 268 | 302 | 327 | 301 | 599 | 16  | 3   | 2   | —   | —   | 1897  | 286.3   |
| Dysentery ...           | 1   | 3   | —   | 3   | 3   | 12  | 1   | 2   | 9   | —   | —   | 34    | 5.1   |
| Acute pneumonia ...     | —   | —   | 1   | 2   | —   | 7   | —   | 1   | 4   | 1   | 1   | 17    | 2.6   |
| Erysipelas ...          | —   | —   | —   | —   | —   | —   | —   | —   | 1   | 2   | —   | 3     | 0.4   |
| Food poisoning ...      | —   | —   | —   | 1   | 1   | —   | 6   | 7   | —   | 1   | —   | 16    | 2.4   |
| Infectious hepatitis    | —   | —   | —   | —   | 1   | 16  | 14  | 3   | 13  | 4   | 2   | 53    | 8.0   |
| Puerperal pyrexia       | —   | —   | —   | —   | —   | —   | —   | 11  | 7   | —   | —   | 18    | 10.7  |
| Meningococcal infection | 1   | —   | —   | —   | —   | —   | —   | —   | —   | —   | —   | 1     | 0.1   |
| Malaria ...             | —   | —   | —   | —   | —   | —   | —   | 1   | —   | —   | —   | 1     | 0.1   |

\* Figures not available.





TABLE 23

## COMMUNICABLE DISEASES — TUBERCULOSIS, 1965

|  | <i>Respiratory</i> |                | <i>Other</i> |                | <i>Total</i> |
|--|--------------------|----------------|--------------|----------------|--------------|
|  | <i>Males</i>       | <i>Females</i> | <i>Males</i> | <i>Females</i> |              |
| Number of cases on register on 1.1.65 ...              | 284 (264)          | 277 (260)      | 22 (16)      | 23 (21)        | 606 (561)    |
| Number of cases added to the register during 1965:     |                    |                |              |                |              |
| New cases ...  | 16 (18)            | 10 (24)        | 2 (3)        | 2 (2)          | 30 (47)      |
| Inward transfers ...                                   | 14 (21)            | 12 (10)        | — (3)        | — (1)          | 26 (35)      |
| Number of cases removed from the register during 1965: |                    |                |              |                |              |
| Deaths ...   | 2 (2)              | — (—)          | — (—)        | — (—)          | 2* (2)       |
| Outward transfers ...                                  | 10 (17)            | 4 (16)         | — (—)        | 1 (1)          | 15 (34)      |
| Patients cured ...                                     | — (—)              | — (1)          | — (—)        | — (—)          | — (1)        |
| Number of cases remaining on register on 31.12.65 ...  | 302 (284)          | 295 (277)      | 24 (22)      | 24 (23)        | 645 (606)    |

\* Both deaths from causes other than tuberculosis

## Incidence of new cases

| (a) <i>According to age</i>         | <i>Respiratory</i> |                | <i>Other</i> |                | <i>Total</i> |                |
|-------------------------------------|--------------------|----------------|--------------|----------------|--------------|----------------|
|                                     | <i>Males</i>       | <i>Females</i> | <i>Males</i> | <i>Females</i> | <i>Males</i> | <i>Females</i> |
| Under 5 years                       | — (4)              | — (1)          | — (—)        | 1 (—)          | — (4)        | 1 (1)          |
| 5 — 14 years                        | 6 (2)              | 5 (6)          | — (1)        | — (—)          | 6 (3)        | 5 (—)          |
| 15 — 24 years                       | 1 (2)              | 1 (—)          | — (—)        | — (—)          | 1 (2)        | 1 (—)          |
| 25 — 44 years                       | 4 (8)              | 2 (9)          | 1 (1)        | — (2)          | 5 (9)        | 2 (11)         |
| 45 — 64 years                       | 4 (2)              | 1 (7)          | 1 (—)        | — (—)          | 5 (2)        | 1 (7)          |
| 65 and over                         | 1 (—)              | 1 (1)          | — (1)        | 1 (—)          | 1 (1)        | 2 (1)          |
| (b) <i>Rate per 1000 population</i> | <i>Respiratory</i> |                | <i>Other</i> |                |              |                |
| Harlow ...                          | 0.4                | (0.7)          | 0.06         | (0.08)         |              |                |
| England and Wales ...               | 0.3                | (0.3)          | 0.05         | (0.05)         |              |                |

## Mortality rate per 1000 population

|                     | <i>Respiratory</i> |        | <i>Other</i> |         |
|---------------------|--------------------|--------|--------------|---------|
| Harlow ...          | 0                  | (0.01) | 0            | (0)     |
| England & Wales ... | 0.04               | (0.05) | 0.006        | (0.006) |



TABLE 24

## MASS RADIOGRAPHY, 1965

## Location of Unit

|   |     |     |     |     |     |     |     | <i>Male</i> | <i>Female</i> | <i>Total</i> |
|---|-----|-----|-----|-----|-----|-----|-----|-------------|---------------|--------------|
| Bush Fair                                     | ... | ... | ... | ... | ... | ... | ... | 357         | 501           | 858          |
| The High                                      | ... | ... | ... | ... | ... | ... | ... | 736         | 1168          | 1904         |
| Industrial Health Centre (Edinburgh Way)      | ... | ... | ... | ... | ... | ... | ... | 587         | 134           | 721          |
| Standard Telephones & Cables (Rectifier Div.) | ... | ... | ... | ... | ... | ... | ... | 365         | 356           | 721          |

|                      |     |     |     |     |     |     |     |      |      |      |
|----------------------|-----|-----|-----|-----|-----|-----|-----|------|------|------|
| Total number X-rayed | ... | ... | ... | ... | ... | ... | ... | 2045 | 2159 | 4204 |
|----------------------|-----|-----|-----|-----|-----|-----|-----|------|------|------|

|                                 |     |     |     |     |     |     |     |    |    |    |
|---------------------------------|-----|-----|-----|-----|-----|-----|-----|----|----|----|
| Requiring further investigation | ... | ... | ... | ... | ... | ... | ... | 19 | 12 | 31 |
|---------------------------------|-----|-----|-----|-----|-----|-----|-----|----|----|----|

## Classification of attendances

|                         |     |     |     |     |     |     |     |      |      |      |
|-------------------------|-----|-----|-----|-----|-----|-----|-----|------|------|------|
| General public          | ... | ... | ... | ... | ... | ... | ... | 1076 | 1587 | 2663 |
| Organized groups        | ... | ... | ... | ... | ... | ... | ... | 735  | 487  | 1222 |
| Contacts of known cases | ... | ... | ... | ... | ... | ... | ... | 234  | 85   | 319  |

## Pulmonary tuberculosis

|   |     |     |     |     |     |     |     |   |   |   |
|---|-----|-----|-----|-----|-----|-----|-----|---|---|---|
| Requiring immediate treatment           | ... | ... | ... | ... | ... | ... | ... | — | — | — |
| Requiring close clinic supervision      | ... | ... | ... | ... | ... | ... | ... | — | — | — |
| Requiring occasional clinic supervision | ... | ... | ... | ... | ... | ... | ... | 5 | 2 | 7 |

## Abnormalities other than tuberculosis

|                                       |     |     |     |     |     |     |     |   |   |   |
|---------------------------------------|-----|-----|-----|-----|-----|-----|-----|---|---|---|
| Metastases of the lung & mediastinum  | ... | ... | ... | ... | ... | ... | ... | 1 | — | 1 |
| Non-malignant adenoma                 | ... | ... | ... | ... | ... | ... | ... | 1 | — | 1 |
| Sarcoidosis                           | ... | ... | ... | ... | ... | ... | ... | 1 | — | 1 |
| Abnormalities of heart — congenital   | ... | ... | ... | ... | ... | ... | ... | — | 2 | 2 |
| Abnormalities of heart — acquired     | ... | ... | ... | ... | ... | ... | ... | 2 | 4 | 6 |
| Bacterial & virus infections of lungs | ... | ... | ... | ... | ... | ... | ... | 1 | — | 1 |
| Bronchiectasis                        | ... | ... | ... | ... | ... | ... | ... | 1 | — | 1 |
| Emphysema                             | ... | ... | ... | ... | ... | ... | ... | 1 | — | 1 |
| Pleural thickening (non-TB)           | ... | ... | ... | ... | ... | ... | ... | — | 2 | 2 |
| Abnormalities of diaphragm            | ... | ... | ... | ... | ... | ... | ... | — | 1 | 1 |
| Pulmonary fibrosis                    | ... | ... | ... | ... | ... | ... | ... | 1 | — | 1 |

The above information was supplied by the Medical Director  
of the Mass Radiography Unit.

TABLE 25

## WATER SUPPLY, 1956 - 1965

| Supplied per year :                  | 1956  | 1957  | 1958  | 1959  | 1960  | 1961  | 1962  | 1963  | 1964  | 1965  |
|--------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| (million galls.)                     |       |       |       |       |       |       |       |       |       |       |
| Unmeasured — Domestic                | 277   | 374   | 426   | 466   | 588   | 573   | 654   | 685   | 769   | 763   |
| By meter — Trade (million galls.)    | 189   | 194   | 223   | 272   | 281   | 314   | 332   | 355   | 387   | 398   |
| Total consumption for year           |       |       |       |       |       |       |       |       |       |       |
| (million galls.)                     | 466   | 568   | 649   | 738   | 869   | 887   | 986   | 1040  | 1156  | 1161  |
| <b>Average supplied per day:</b>     |       |       |       |       |       |       |       |       |       |       |
| Domestic (thousand galls.)           | 758   | 1025  | 1168  | 1278  | 1610  | 1570  | 1790  | 1880  | 2110  | 2090  |
| Trade (thousand galls.)              | 516   | 533   | 611   | 745   | 770   | 860   | 910   | 970   | 1060  | 1090  |
| All purposes (thousand galls.)       | 1274  | 1558  | 1779  | 2023  | 2380  | 2430  | 2700  | 2850  | 3170  | 3180  |
| <b>Consumption per head per day:</b> |       |       |       |       |       |       |       |       |       |       |
| Domestic (gallons)                   | 23.36 | 26.72 | 26.61 | 26.64 | 31.30 | 28.20 | 30.20 | 30.30 | 32.87 | 31.29 |
| Trade (gallons)                      | 15.91 | 13.89 | 13.93 | 15.56 | 15.09 | 15.40 | 15.50 | 15.70 | 16.53 | 16.35 |
| All purposes (gallons)               | 39.27 | 40.61 | 40.54 | 42.20 | 46.39 | 43.60 | 45.70 | 46.00 | 49.40 | 47.64 |

Information supplied by the Herits & Essex Water Company, later  
the Lee Valley Water Company.



TABLE 26

## EXAMINATION OF WATER, 1956 - 1965

| (i) Source of samples                         |     | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|---|-----|------|------|------|------|------|------|------|------|------|------|
| Public supply                                 | ... | 75   | 75   | 103  | 100  | 49   | 74   | 45   | 265  | 274  | 219  |
| Wells   | ... | 2    | —    | —    | 2    | 1    | 2    | 2    | 1    | 1    | 2    |
| River, watercourses and<br>watercress beds    | ... | 6    | 5    | 2    | 2    | 8    | 5    | 13   | 2    | —    | —    |
| Swimming pools                                | ... | —    | —    | 5    | 5    | 5    | 23   | 27   | 33   | 60   | 56   |
| Paddling pools                                | ... | —    | —    | —    | —    | —    | —    | 2    | 3    | 4    | 12   |
| Total   | ... | 83   | 80   | 110  | 109  | 63   | 104  | 89   | 304  | 339  | 289  |
| (ii) Type of examination and by whom arranged |     |      |      |      |      |      |      |      |      |      |      |
| Bacteriological                               |     |      |      |      |      |      |      |      |      |      |      |
| Public Health Dept.                           | ... | 9    | 7    | 1    | 13   | 19   | 39   | 32   | 20   | 61   | 67   |
| Water Co.                                     | ... | 69   | 72   | 108  | 87   | 32   | 41   | 41   | 253  | 246  | 199  |
| Chemical                                      |     |      |      |      |      |      |      |      |      |      |      |
| Public Health Dept.                           | ... | 5    | 1    | 1    | 9    | 2    | 15   | 6    | 5    | 24   | 14   |
| Water Co.                                     | ... | —    | —    | —    | —    | 10   | 9    | 10   | 26   | 8    | 9    |
| Total   | ... | 83   | 80   | 110  | 109  | 63   | 104  | 89   | 304  | 339  | 289  |

TABLE 27

## SEWERAGE, 1956 - 1965

|   | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|---|------|------|------|------|------|------|------|------|------|------|
| Cesspools emptied during the year ... ..                    | 74   | 60   | 46   | 37   | 42   | 40   | 39   | 22   | 22   | 20   |
| Pail closets (emptied weekly) ...                           | 117  | 105  | 104  | 62   | 51   | 32   | 14   | 14   | 12   | 16   |
| Direct connexions to sewer (conversion of pail closets) ... | —    | 14   | 16   | —    | 6    | 19   | 15   | —    | —    | —    |
| Connexions to sewer from cesspool ... ..                    | 3    | —    | 10   | 2    | 8    | 2    | —    | 2    | 1    | 2    |

Some of the above figures supplied by the Engineer and Surveyor.



TABLE 28

## HOUSING. (i) General—Inspections, 1956 - 1965

|  | 1956   | 1957   | 1958   | 1959   | 1960   | 1961   | 1962   | 1963   | 1964   | 1965   |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Number of houses on 31 Dec. ...        | 10,384 | 12,282 | 13,198 | 14,073 | 15,291 | 16,392 | 17,235 | 17,746 | 18,469 | 19,070 |
| Houses owned by: Harlow UDC            | 984    | 991    | 1,003  | 1,012  | 1,028  | 1,053  | 1,054  | 1,054  | 1,057  | 1,061  |
| Harlow Development Cpn.                | 8,282  | 10,149 | 11,089 | 11,890 | 13,026 | 13,924 | 14,541 | 15,027 | 15,664 | 16,146 |
| Privately owned ...                    | 1,118  | 1,142  | 1,106  | 1,171  | 1,237  | 1,415  | 1,640  | 1,665  | 1,748  | 1,863  |
| Complaints of housing defects ...      | 29     | 17     | 39     | 36     | 22     | 14     | 17     | 45     | 85     | 88     |
| Housing inspections carried out by:    |        |        |        |        |        |        |        |        |        |        |
| Medical officers ...                   | 3      | 2      | 7      | 11     | 10     | 13     | 16     | 15     | 12     | 25     |
| Public health inspectors ...           | 453    | 195    | 150    | 236    | 267    | 476    | 339    | 652    | 453    | 710    |
| Intimation notices served ...          | 9      | 11     | 9      | 9      | 3      | 11     | 7      | 9      | 5      | 17     |
| Statutory notices served ...           | 12     | —      | —      | 13     | —      | 10     | 2      | 9      | —      | 9      |
| Houses where defects were remedied ... | 23     | 28     | 53     | 27     | 25     | 32     | 41     | 59     | 37     | 78     |

TABLE 29

## HOUSING. (ii) Unfit houses, 1956 - 1965

|  | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|--|------|------|------|------|------|------|------|------|------|------|
| Demolition orders (Individual unfit houses) ...  | 6    | 10   | 1    | —    | 1    | 2    | 2    | 2    | —    | —    |
| Closing orders ...   | 4    | 7    | 3    | 2    | 1    | —    | —    | 4    | —    | —    |
| Undertakings given by owner to carry out work or not to relet until property has been made fit ... | —    | 1    | 1    | —    | —    | 2    | 3    | —    | —    | —    |
| Houses in clearance areas  |      |      |      |      |      |      |      |      |      |      |
| (a) awaiting demolition ...  | 8    | 8    | —    | —    | —    | —    | —    | —    | —    | —    |
| (b) awaiting confirmation of order ...   | —    | —    | —    | —    | —    | —    | —    | —    | —    | —    |
| Houses demolished* ...   | 34   | 3    | 12   | 8    | 6    | 2    | 1    | —    | 4    | 2    |
| Closing orders revoked ...   | —    | 1    | —    | 7    | 2    | 3    | —    | —    | —    | —    |
| Undertakings existing on 31 Dec.   | —    | —    | —    | —    | —    | —    | 1    | —    | —    | —    |

\* A number of houses were demolished under orders of the former Epping R.D.C.



TABLE 30

## HOUSING. (iii) Improvements and repairs, 1956-1965

| Improvement grants (Housing Acts, 1958-1964). |     | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|---|-----|------|------|------|------|------|------|------|------|------|------|
| Applications considered by LA                 |     | 6    | 6    | 6    | 9    | 18   | 12   | 15   | 17   | 19   | 10   |
| Type of grant: standard                       | ... | —    | —    | —    | —    | 5    | 6    | 5    | 9    | 1    | 7    |
| " " discretionary                             | ... | 6    | 6    | 6    | 9    | 13   | 6    | 10   | 8    | 18   | 4    |
| Applications: approved                        | ... | 6    | 6    | 5    | 7    | 16   | 12   | 14   | 17   | 19   | 10   |
| " " refused                                   | ... | —    | —    | 1    | 2    | 2    | —    | 1    | —    | —    | —    |
| " " withdrawn                                 | ... | 1    | —    | —    | 1    | 1    | 3    | 4    | 1    | 1    | —    |
| Improvement work completed*                   | ... | —    | 3    | 3    | 7    | 3    | 13   | 9    | 14   | 13   | 9    |
| Certificates of disrepair (Rent Act, 1957)    |     |      |      |      |      |      |      |      |      |      |      |
| Applications for certificates                 | ... | —    | 5    | 3    | —    | —    | —    | —    | —    | —    | —    |
| Certificates issued                           | ... | —    | —    | 6    | —    | —    | —    | —    | —    | —    | —    |
| Certificates not issued                       | ... | —    | —    | 1    | —    | —    | —    | —    | —    | —    | —    |
| Certificates not pursued                      | ... | —    | 1    | —    | —    | —    | —    | —    | —    | —    | —    |
| Repair work completed                         | ... | —    | —    | 6    | —    | —    | —    | —    | —    | —    | —    |

\* Does not include council houses.

TABLE 31

**OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963,  
1965**

**Registered premises**

| <i>Class of premises</i>                         | <i>Premises registered during year</i> | <i>Total number of registered premises at end of year</i> | <i>Registered premises receiving a general inspection during the year</i> |
|--|--|---|---|
| Offices ... ..                                   | 3                                      | 110   | 56  |
| Retail shops ... ..                              | 10                                     | 276   | 138   |
| Wholesale shops, warehouses ... ..               | 1                                      | 17  | 3   |
| Catering establishments open to public, canteens | 3                                      | 19  | 2   |
| Fuel storage depots ...                          | —                                      | 3   | —   |

**Persons employed in registered premises, by workplace**

| <i>Class of workplace</i>                         | <i>Number of persons employed</i> |
|---|-----------------------------------|
| Offices ... ..                                    | 2,057                             |
| Retail shops ... ..                               | 1,974                             |
| Wholesale shops, warehouses ... ..                | 401                               |
| Catering establishments open to the public ... .. | 321                               |
| Canteens ... ..                                   | 44                                |
| Fuel storage depots ... ..                        | 12                                |
| Total   | 4,809                             |
| Total males                                       | 2,276                             |
| Total females                                     | 2,533                             |

Number of visits by inspectors to registered premises ... .. 387

**Contraventions***Section of Act*

|  |     |
|--|-----|
| 4 Lack of cleanliness ... ..                               | 20  |
| 5 Overcrowding ... ..                                      | 3   |
| 6 Inadequate temperature ... ..                            | 48  |
| 7 Inadequate ventilation ... ..                            | 14  |
| 8 Insufficient lighting ... ..                             | 9   |
| 9 Defects in, or lack of, sanitary conveniences ... ..     | 1   |
| 10 Defects in, or lack of, washing facilities ... ..       | 30  |
| 11 Lack of supply of drinking water ... ..                 | 4   |
| 15 Lack of eating facilities ... ..                        | 2   |
| 17 Inadequate fencing of exposed parts of machinery ... .. | 2   |
| 24 Lack of first-aid equipment ... ..                      | 70  |
| 50 Lack of information for employees ... ..                | 26  |
| Total  | 229 |

|   |    |
|---|----|
| Number of notices sent to occupiers of premises ... ..                  | 77 |
| Number of accidents notified to local authority under Section 48 ... .. | 14 |
| Number of statutory notices served ... ..                               | 1  |
| Number of statutory notices complied with ... ..                        | 1  |



TABLE 32

**FACTORIES — (Factories Act, 1961), 1956-1965**

|  | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|--|------|------|------|------|------|------|------|------|------|------|
| Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by local authorities ... ..                    | 6    | 15   | 5    | 12   | 8    | 5    | 5    | 5    | 6    | 4    |
| Factories not included in above in which Section 7 is enforced by the local authority ...                    | 75   | 87   | 87   | 112  | 117  | 120  | 124  | 129  | 132  | 139  |
| Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises) ... .. | —    | 12   | —    | 29   | 37   | 35   | 39   | 47   | 45   | 37   |
| Inspections ... ..   | 98   | 96   | 143  | 207  | 30   | 30   | 19   | 51   | 61   | 61   |
| Written notices ... ..   | 4    | 3    | —    | 4    | 3    | 3    | 2    | 3    | 4    | 2    |
| Referred to HM Inspector of Factories ... ..   | —    | —    | —    | 2    | —    | —    | 1    | 1    | —    | —    |
| Referred from HM Inspector of Factories ... ..   | 3    | 1    | 2    | 2    | 4    | —    | —    | —    | —    | —    |
| <b>Defects found:</b>  |      |      |      |      |      |      |      |      |      |      |
| Want of cleanliness ... ..   | —    | —    | —    | —    | —    | —    | 1    | 2    | 2    | —    |
| Inadequate ventilation ... ..  | —    | 1    | —    | —    | —    | —    | —    | —    | 2    | —    |
| Sanitary accommodation:  |      |      |      |      |      |      |      |      |      |      |
| Insufficient ... ..  | —    | 2    | 5    | 2    | —    | 1    | 1    | —    | 1    | 1    |
| Unsuitable or defective ... ..   | —    | —    | 2    | 1    | 3    | 2    | —    | —    | —    | 1    |
| <b>Other offences</b> ... ..   | —    | 2    | —    | 1    | —    | —    | 1    | —    | —    | —    |
| <b>Outworkers</b> (mainly engaged on work in connexion with wearing apparel) ... ..                          | 50   | 58   | 107  | 141  | 164  | 214  | 155  | 138  | 220  | 188  |

TABLE 33

**TYPE AND NUMBER OF FOOD SHOPS, OTHER FOOD PREMISES  
AND MARKET STALLS SELLING FOOD, 1956-1965**

|   | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|---|------|------|------|------|------|------|------|------|------|------|
| Grocers ... ..                                  | 48   | 58   | 47   | 39   | 38   | 37   | 38   | 38   | 37   | 35   |
| Butchers ... ..                                 | 19   | 21   | 23   | 23   | 22   | 19   | 19   | 20   | 20   | 19   |
| Fishmongers (including fish<br>fryers) ... ..   | 11   | 11   | 11   | 11   | 11   | 12   | 12   | 11   | 13   | 12   |
| Greengrocers ... ..                             | 15   | 17   | 19   | 20   | 20   | 21   | 21   | 21   | 22   | 20   |
| Sweets and confectionery ... ..                 | 14   | 21   | 22   | 23   | 24   | 23   | 22   | 20   | 25   | 27   |
| General food stores ... ..                      | 7    | 7    | 19   | 23   | 24   | 13   | 7    | 8    | 10   | 10   |
| Cafes and restaurants ... ..                    | 10   | 11   | 13   | 15   | 16   | 16   | 16   | 17   | 16   | 22   |
| Public houses ... ..                            | 22   | 23   | 23   | 23   | 22   | 22   | 22   | 22   | 23   | 23   |
| Off-licences ... ..                             | 3    | 4    | 7    | 7    | 6    | 6    | 6    | 6    | 6    | 7    |
| Halls, community centres and<br>clubs ... ..    | 4    | 8    | 12   | 18   | 20   | 20   | 20   | 38   | 34   | 40   |
| Factory and other industrial<br>canteens ... .. | 13   | 18   | 24   | 21   | 25   | 25   | 26   | 26   | 40   | 37   |
| School canteens ... ..                          | 15   | 19   | 20   | 28   | 27   | 31   | 32   | 35   | 34   | 36   |
| Building-site canteens ... ..                   | 9    | 14   | 8    | 7    | 7    | 7    | 7    | 7    | 7    | 7    |
| Food storage depots ... ..                      | 2    | 1    | 1    | 1    | 1    | 3    | 3    | 3    | 4    | 4    |
| Food factories ... ..                           | 1    | 2    | 2    | 3    | 3    | 3    | 3    | 3    | 3    | 5    |
| Bakehouses and bakers ... ..                    | 11   | 15   | 13   | 15   | 15   | 12   | 11   | 12   | 10   | 11   |
| Market stalls ... ..                            | 15   | 12   | 12   | 12   | 17   | 17   | 17   | 17   | 14   | 14   |
| Total ... ..                                    | 219  | 262  | 276  | 289  | 298  | 287  | 282  | 304  | 318  | 329  |



**TABLE 34** **PREMISES REGISTERED UNDER SECTION 16 OF THE**  
**FOOD AND DRUGS ACT, 1955,**  
**1956 - 1965.**

|  | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|--|------|------|------|------|------|------|------|------|------|------|
| Storage and sale of ice-cream ...  | 37   | 47   | 52   | 56   | 56   | 59   | 69   | 68   | 66   | 66   |
| Preparation or manufacture of<br>sausages or potted, pressed,<br>pickled or preserved food ... | 14   | 17   | 24   | 26   | 27   | 27   | 26   | 25   | 25   | 25   |

**TABLE 35** **MILK SUPPLY, 1956 - 1965**

|  | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|--|------|------|------|------|------|------|------|------|------|------|
| Dairies registered ...   | 4    | 5    | 6    | 6    | 7    | 5    | 5    | 5    | 5    | 5    |
| Inspections carried out ...  | 22   | 34   | 4    | 6    | 37   | 19   | 12   | 15   | 20   | 5    |
| Licences issued under Milk (Special Designation) Regulations, 1960 & 1963: pasteurized ... | 18   | 21   | 27   | 23   | 26   | 26   | 24   | 27   | 26   | 29   |
| sterilized ...   | 18   | 23   | 27   | 25   | 25   | 25   | 24   | 26   | 25   | 27   |
| tuberculin tested*   | 8    | 10   | 14   | 12   | 11   | 11   | 8    | 10   | 3    | 4    |
| Number of premises from which milk was sold ...  | 20   | 22   | 36   | 25   | 25   | 24   | 28   | 28   | 27   | 30   |
| Number of samples taken ...  | 29   | 23   | 35   | 30   | 50   | 45   | 60   | 51   | 73   | 81   |

\* In 1964 designation changed to "untreated".

**TABLE 36** **SAMPLING OF FOOD AND DRUGS, 1956 - 1965**

| <b>Bacteriological examinations:</b> |     | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|--------------------------------------|-----|------|------|------|------|------|------|------|------|------|------|
| Ice-cream                            | ... | 11   | 6    | 6    | 44   | 37   | 33   | 62   | 64   | 111  | 118  |
| Ice lolly                            | ... | 1    | 2    | 2    | 12   | —    | 3    | 3    | 2    | 4    | 5    |
| Cooked meat and meat products        | ... | —    | —    | —    | —    | 37*  | 80   | 74   | 81   | 83   | 76   |
| Miscellaneous                        | ... | —    | —    | —    | —    | 15*  | 42   | 135  | 75   | 73   | 38   |
| <b>Chemical analyses:</b>            |     |      |      |      |      |      |      |      |      |      |      |
| Food and drugs                       | ... | —    | —    | —    | —    | —    | —    | —    | —    | 87*  | 149  |

\* Part of year



TABLE 37

## DETAILS OF BACTERIOLOGICAL EXAMINATIONS OF FOOD, 1965

**Milk**

|                            |     |     |     |     | <i>Samples</i> | <i>Satisfactory</i> | <i>Unsatisfactory</i> |
|----------------------------|-----|-----|-----|-----|----------------|---------------------|-----------------------|
| Pasteurized                | ... | ... | ... | ... | 59             | 58                  | 1*                    |
| Sterilized                 | ... | ... | ... | ... | 16             | 16                  | —                     |
| Pasteurized Channel Island | ... | ... | ... | ... | 6              | 6                   | —                     |

\* The sample failed to pass the methylene blue test.

**Ice-cream and ice lolly**

|           |     |     |     |     | <i>Samples</i> | <i>Satisfactory</i>       | <i>Unsatisfactory</i>       |
|-----------|-----|-----|-----|-----|----------------|---------------------------|-----------------------------|
| Ice-cream | ... | ... | ... | ... | 118            | Grade I 70<br>Grade II 15 | Grade III 13<br>Grade IV 20 |
| Ice lolly | ... | ... | ... | ... | 5              | 5                         | —                           |

**Cooked meat and meat products**

|                          |     |     |     |     | <i>Samples</i> | <i>Satisfactory</i> | <i>Unsatisfactory</i> |
|--------------------------|-----|-----|-----|-----|----------------|---------------------|-----------------------|
| Brawn                    | ... | ... | ... | ... | 3              | 3                   | —                     |
| Brisket                  | ... | ... | ... | ... | 1              | 1                   | —                     |
| Cooked shoulder of bacon | ... | ... | ... | ... | 5              | 5                   | —                     |
| Corned beef              | ... | ... | ... | ... | 9              | 7                   | 2                     |
| Ham                      | ... | ... | ... | ... | 7              | 5                   | 2                     |
| Jellied veal             | ... | ... | ... | ... | 4              | 4                   | —                     |
| Luncheon meat            | ... | ... | ... | ... | 20             | 16                  | 4                     |
| Roast pork               | ... | ... | ... | ... | 1              | —                   | 1                     |
| Sausage rolls            | ... | ... | ... | ... | 2              | 1                   | 1                     |
| Steak and kidney pie     | ... | ... | ... | ... | 2              | 1                   | 1                     |
| Veal and ham pie         | ... | ... | ... | ... | 4              | 3                   | 1                     |
| Other cooked meats       | ... | ... | ... | ... | 18             | 10                  | 8                     |
| Total                    | ... | ... | ... | ... | 76             | 56                  | 20                    |

**Miscellaneous**

|                               |     |     |     |     | <i>Samples</i> | <i>Satisfactory</i> | <i>Unsatisfactory</i> |
|-------------------------------|-----|-----|-----|-----|----------------|---------------------|-----------------------|
| Artificial cream              | ... | ... | ... | ... | 3              | 3                   | —                     |
| Artificial cream filled cakes | ... | ... | ... | ... | 10             | 5                   | 5                     |
| Dairy cream filled cakes      | ... | ... | ... | ... | 12             | 9                   | 3                     |
| Fish cake                     | ... | ... | ... | ... | 1              | 1                   | —                     |
| Potato cake                   | ... | ... | ... | ... | 1              | 1                   | —                     |
| Shellfish                     | ... | ... | ... | ... | 11             | 8                   | 3                     |
| Total                         | ... | ... | ... | ... | 38             | 27                  | 11                    |

TABLE 38

**DETAILS OF CHEMICAL EXAMINATIONS OF  
FOOD AND DRUGS, 1965**

| <i>Article submitted<br/>for analysis</i> | <i>Number examined</i> |                 |              | <i>Number adulterated or<br/>otherwise irregular</i> |                 |
|---|------------------------|-----------------|--------------|--|-----------------|
|   | <i>Formal</i>          | <i>Informal</i> | <i>Total</i> | <i>Formal</i>  | <i>Informal</i> |
| Amylobarbitone tabs. ...                  | 1                      | —               | 1            | —  | —               |
| Angelica root ...                         | —                      | 1               | 1            | —  | —               |
| Apples ...                                | —                      | 1               | 1            | —  | —               |
| Aspirin tabs. ...                         | —                      | 1               | 1            | —  | —               |
| Bacon-burgers ...                         | 1                      | —               | 1            | —  | —               |
| Beechams powders/pills ...                | —                      | 2               | 2            | —  | —               |
| Blancmange powder ...                     | —                      | 1               | 1            | —  | —               |
| Brandy ...                                | 1                      | —               | 1            | —  | —               |
| Butter ...                                | 2                      | —               | 2            | —  | —               |
| Buttered scones ...                       | 2                      | —               | 2            | —  | —               |
| Calamine lotion BP ...                    | 1                      | —               | 1            | —  | —               |
| Cheese ...                                | 1                      | 2               | 3            | —  | —               |
| Cherry linctus expectorant ...            | 1                      | —               | 1            | —  | —               |
| Chicken croquettes ...                    | 1                      | —               | 1            | —  | —               |
| Chicken & mushroom pie ...                | —                      | 1               | 1            | —  | —               |
| Chicken stock tabs. ...                   | —                      | 1               | 1            | —  | —               |
| Chlorophyll and yeast tabs. ...           | —                      | 1               | 1            | —  | —               |
| Coffee ...                                | —                      | 1               | 1            | —  | —               |
| Concentrate Bitter lemon ...              | —                      | 1               | 1            | —  | —               |
| „ Cola ...                                | —                      | 1               | 1            | —  | —               |
| „ Dry ginger ...                          | —                      | 1               | 1            | —  | —               |
| „ Ginger beer ...                         | —                      | 1               | 1            | —  | —               |
| „ Lemonade ...                            | —                      | 1               | 1            | —  | —               |
| „ Lemon squash ...                        | 1                      | 1               | 2            | —  | —               |
| „ Orange squash ...                       | —                      | 1               | 1            | —  | —               |
| „ Tonic water ...                         | —                      | 1               | 1            | —  | —               |
| Coriander seeds ...                       | —                      | 1               | 1            | —  | —               |
| Crab spread with butter ...               | —                      | 1               | 1            | —  | —               |
| Cultured butter-milk drink ...            | —                      | 1               | 1            | —  | —               |
| Cultured soured cream ...                 | —                      | 1               | 1            | —  | —               |
| Currants ...                              | 1                      | —               | 1            | —  | —               |
| Curry powder ...                          | —                      | 3               | 3            | —  | —               |
| Custard powder ...                        | —                      | 1               | 1            | —  | —               |
| Dairy cream devon splits ...              | 1                      | —               | 1            | —  | —               |
| Dairy cream doughnuts ...                 | 1                      | —               | 1            | —  | —               |
| Distaquaine tabs. ...                     | 1                      | —               | 1            | —  | —               |



TABLE 38—continued

| <i>Article submitted<br/>for analysis</i>              | <i>Number examined</i> |                 |              | <i>Number adulterated or<br/>otherwise irregular</i> |                 |
|--|------------------------|-----------------|--------------|--|-----------------|
|  | <i>Formal</i>          | <i>Informal</i> | <i>Total</i> | <i>Formal</i>  | <i>Informal</i> |
| Double cream ... ..                                    | —                      | 1               | 1            | —  | —               |
| Dried onions ... ..                                    | —                      | 1               | 1            | —  | —               |
| Easy icing ... ..                                      | —                      | 1               | 1            | —  | —               |
| Elixir of cascara ... ..                               | —                      | 1               | 1            | —  | —               |
| Flaked rice ... ..                                     | 1                      | —               | 1            | —  | —               |
| Folic acid tabs. ... ..                                | 1                      | —               | 1            | —  | —               |
| Food colour ... ..                                     | —                      | 2               | 2            | —  | —               |
| Frankfurter sausages in brine                          | —                      | 1               | 1            | —  | —               |
| Gin ... ..   | 1                      | —               | 1            | —  | —               |
| Glycerine, lemon &<br>ipecacuanha ... ..               | —                      | 1               | 1            | —  | —               |
| Glycerine & thymol BPC ...                             | 1                      | —               | 1            | —  | —               |
| Gravy powder ... ..                                    | —                      | 2               | 2            | —  | —               |
| Ground almonds ... ..                                  | —                      | 1               | 1            | —  | —               |
| Ground mixed spice ... ..                              | —                      | 1               | 1            | —  | —               |
| Hamburger patties with gravy                           | —                      | 1               | 1            | —  | —               |
| Horseradish sauce ... ..                               | —                      | 1               | 1            | —  | —               |
| Ice-cream ... ..                                       | 2                      | —               | 2            | —  | —               |
| Ilchester cheese with beer ...                         | —                      | 1               | 1            | —  | —               |
| Jaffa lemon juice (natural) ...                        | —                      | 1               | 1            | —  | —               |
| Jam ... ..   | 1                      | —               | 1            | —  | —               |
| Juniper berries ... ..                                 | —                      | 1               | 1            | —  | —               |
| Lemonade shandy ... ..                                 | —                      | 1               | 1            | —  | —               |
| Lemon pie filling ... ..                               | —                      | 1               | 1            | —  | —               |
| Linctus of codeine ... ..                              | 1                      | —               | 1            | —  | —               |
| Liver, bacon & onion with rich<br>gravy ... ..         | —                      | 1               | 1            | —  | —               |
| Margarine ... ..                                       | 1                      | —               | 1            | —  | —               |
| Milk ... ..  | 16                     | —               | 16           | 1  | —               |
| Milk — full-cream evaporated                           | —                      | 1               | 1            | —  | —               |
| Mint sauce ... ..                                      | —                      | 1               | 1            | —  | —               |
| Mustard ... ..   | —                      | 2               | 2            | —  | —               |
| Nembutal ... ..  | 1                      | —               | 1            | —  | —               |
| Olive oil ... ..                                       | —                      | 1               | 1            | —  | —               |
| Orange and passion fruit drink                         | —                      | 1               | 1            | —  | —               |
| Orris root powder ... ..                               | —                      | 1               | 1            | —  | —               |
| Paella with freeze-dried chicken<br>with prawns ... .. | 1                      | —               | 1            | —  | —               |
| Paracetamol tabs. ... ..                               | 1                      | —               | 1            | —  | —               |

TABLE 38—continued

| <i>Article submitted<br/>for analysis</i> | <i>Number examined</i> |                 |              | <i>Number adulterated or<br/>otherwise irregular</i> |                 |
|---|------------------------|-----------------|--------------|--|-----------------|
|   | <i>Formal</i>          | <i>Informal</i> | <i>Total</i> | <i>Formal</i>  | <i>Informal</i> |
| Pickling spice ... ..                     | —                      | 1               | 1            | —  | —               |
| Pork and chicken sausages ...             | 1                      | —               | 1            | 1  | —               |
| Pork pie ... ..                           | —                      | 2               | 2            | —  | —               |
| Prunes ... ..                             | 1                      | —               | 1            | —  | —               |
| Pork sausages ... ..                      | 5                      | —               | 5            | 1  | —               |
| Quinidine sulphate tabs. ...              | 1                      | —               | 1            | —  | —               |
| Real fruit raspberry yoghourt             | —                      | 1               | 1            | —  | —               |
| Salmon spread ... ..                      | —                      | 1               | 1            | —  | —               |
| Salt beef ... ..                          | 1                      | —               | 1            | —  | —               |
| Savoroni spanish mix ... ..               | —                      | 1               | 1            | —  | —               |
| Soup ... ..                               | —                      | 3               | 3            | —  | —               |
| Spam spread ... ..                        | —                      | 1               | 1            | —  | —               |
| Steak & kidney puddings/pies              | —                      | 3               | 3            | —  | —               |
| Stelazine tabs. ... ..                    | 1                      | —               | 1            | —  | —               |
| Stewed steak in gravy ... ..              | —                      | 1               | 1            | —  | —               |
| Strained orange pudding ... ..            | —                      | 1               | 1            | —  | —               |
| Stuffed pork roll ... ..                  | —                      | 1               | 1            | —  | —               |
| Parrish's syrup chemical food             | 1                      | —               | 1            | —  | —               |
| Syrup of figs ... ..                      | 1                      | 1               | 2            | —  | —               |
| Tomato puree condensed ... ..             | —                      | 1               | 1            | —  | —               |
| Tonic yeast tabs. ... ..                  | —                      | 1               | 1            | —  | —               |
| Triominic tabs. ... ..                    | 1                      | —               | 1            | —  | —               |
| Vegex tabs. ... ..                        | —                      | 1               | 1            | —  | —               |
| Whisky ... ..                             | 8                      | —               | 8            | —  | —               |
| Zinc & castor oil cream BP                | 2                      | 1               | 3            | —  | 1               |
| * Milk ... ..                             | —                      | 3               | 3            | —  | 2               |
| * Foreign body in milk bottle             | —                      | 1               | 1            | —  | 1               |
| * Foreign body in sponge cake             | —                      | 1               | 1            | —  | 1               |
| * Vinegar ... ..                          | —                      | 1               | 1            | —  | 1               |
|   | 67                     | 82              | 149          | 3  | 6               |

\* Samples supplied by complainant.

### Unsatisfactory samples

| <i>Article</i> | <i>Adulteration</i>   | <i>Comments</i>   |
|----------------|---|---|
| 1. Hot milk    | Taken from local cafe. Found to contain 10% of added water. | Due to heating milk by steam. Employee acted in ignorance of owner's instructions. No legal action taken. |



TABLE 38—continued

| <i>Article</i>                  | <i>Adulteration</i>   | <i>Comments</i>  |
|---------------------------------|---|--|
| 2. Pork sausages                | Found to contain only 60% of meat.  | Public Analyst's opinion that they should contain at least 65% of meat. Deficiency 5%. No legal standard exists. No action taken.  |
| 3. Pork & chicken sausages      | Preserved with 520 parts per million of sulphur dioxide.  | The proportion of sulphur dioxide in this sample was in excess of the maximum permissible limit (450 p.p.m.) prescribed by the Preservative in Food Regulations 1962. Warning to manufacturer.   |
| 4. Zinc and castor oil cream BP | Contained only 6.2% of zinc oxide.  | The British Pharmacopoeia requires that zinc and castor oil cream shall contain between 7.0 and 8.0% of zinc oxide. Less than minimum required (deficiency 0.8%). Informal sample. Formal sample taken but found satisfactory.   |
| 5. One pint milk bottle         | Contained three darkish cylindrical bodies, varying in size between $\frac{3}{8}$ " and $\frac{3}{16}$ " in length. | These were identified as being slugs and from tests carried out on them, no evidence was obtained which would suggest that the slugs had been subjected to the normal treatment with hot alkaline detergent used in the bottle washing plant. Inadequate evidence of presence of slugs before bottle was filled. Warning to dairy concerned. |
| 6. Milk                         | Contained 66% added water.  | Bottle open when complaint received. Evidence inadequate. No action taken.   |
| 7. Milk                         | Contained 2% added water.   | Added water probably present in bottle when filled. Milk still legally genuine. No action possible.  |
| 8. Sponge cake                  | Foreign bodies consisting of two blackish pellets measuring approximately 3 and 2 mm. in length respectively.       | Examination showed that both pellets consisted of rodent excreta. Legal proceedings taken against vendor.  |
| 9. Vinegar                      | Vinegar tainted with onions.  | Informal sample. Analysis showed that vinegar contained 3.7% instead of 4% acetic acid. Formal sample necessary for legal proceedings could not be obtained. Vendor warned; sale of this product abandoned.  |

TABLE 39

## UN SOUND FOOD, 1956 - 1965

## (i) Quantity condemned or surrendered (lbs.)

| 1956 | 1957 | 1958 | 1959 | 1960 | 1961  | 1962 | 1963 | 1964 | 1965 |
|------|------|------|------|------|-------|------|------|------|------|
| 900  | 1460 | 104  | 2426 | 1634 | 10168 | 2723 | 2141 | 6724 | 2297 |

## (ii) Details of unsound food, 1965

|                                 |     |     |     |     |     |     | <i>lbs.</i> | <i>ozs.</i> |
|---------------------------------|-----|-----|-----|-----|-----|-----|-------------|-------------|
| Canned fruit                    | ... | ... | ... | ... | ... | ... | 41          | 14          |
| Canned meat                     | ... | ... | ... | ... | ... | ... | 1014        | 11½         |
| Miscellaneous other canned food | ... | ... | ... | ... | ... | ... | 140         | 8¾          |
| Fish                            | ... | ... | ... | ... | ... | ... | 327         | —           |
| Meat                            | ... | ... | ... | ... | ... | ... | 488         | 10          |
| Miscellaneous other fresh food  | ... | ... | ... | ... | ... | ... | 284         | 4¼          |
| Total                           |     |     |     |     |     |     | 2297        | 0½          |



TABLE 40

**LEGAL PROCEEDINGS UNDER FOOD AND DRUGS ACT, 1955,  
1956 - 1965**

**(i) Summary**

|   | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|---|------|------|------|------|------|------|------|------|------|------|
| Prosecutions ordered by Council ... ..        | 3    | 2    | 5    | 3    | 17   | 21   | 19   | 9    | 21   | 11   |
| Cases heard in Magistrates' Court ... ..      | 3    | 2    | 5    | 3    | 14   | 18   | 20   | 10   | 19   | 12   |
| Prosecutions not proceeded with ... ..        | —    | —    | —    | —    | —    | —    | 3    | 1    | 1    | —    |
| Cases remaining to be dealt with on 31st Dec. | —    | —    | —    | —    | 3    | 6    | 2    | —    | 1    | —    |

**(ii) Details of Court cases, 1965**

|                                       | <i>Offence</i>   | <i>Fine</i> | <i>Costs</i> |
|---------------------------------------|--|-------------|--------------|
| Food & Drugs Act,<br>1955, Section 2. | Selling mouldy sausage rolls ...                             | £25 0 0     | £5 5 0       |
|                                       | Selling a sausage roll containing adhesive plaster ...       | £10 0 0     | £2 2 0       |
|                                       | Selling mouldy puff pastry ...                               | £10 0 0     | £2 2 0       |
|                                       | Selling bacon contaminated with blowfly eggs ... ..          | £15 15 0    | £5 5 0       |
|                                       | Selling mouldy and stale beef sausages ... ..                | £15 15 0    |              |
|                                       | Selling a steak & kidney pie containing a piece of metal ... | £10 0 0     | £5 0 0       |
|                                       | Selling mouldy pork pies ...                                 | £10 0 0     | £5 10 0      |
|                                       | Selling a sponge cake containing mouse droppings ... ..      | £5 0 0      | £2 2 0       |
|                                       | Selling mouldy chocolate sponge pudding ... ..               | £10 0 0     | £2 2 0       |
|                                       | Selling angel cake containing an insect ... ..               | £15 0 0     | £2 7 0       |
|                                       | Selling mouldy beef sausages ...                             | £15 0 0     | £2 2 0       |
| Section 6                             | Selling packets of bacon with altered dates on them ...      | £15 0 0     | £5 9 6       |

TABLE 41

## SMOKE CONTROL AREAS (CLEAN AIR ACT, 1956)

| <i>Area Number</i> | <i>Location</i>  | <i>Acreage</i> | <i>Date of Order</i> | <i>Operative date</i> | <i>*Dwelling houses</i> | <i>*Other properties</i> |
|--------------------|--|----------------|----------------------|-----------------------|-------------------------|--------------------------|
| 1.                 | Mark Hall North and South and part of Netteswell ...                                       | 865            | 22.12.60             | 1.11.61               | 5,109                   | 129                      |
| 2.                 | Hare Street and Little Parndon, including The High, Wych Elm, Burnt Mill and The Pinnacles | 1,548          | 19. 9.62             | 1.11.63               | 3,094                   | 280                      |
| 3.                 | Great Parndon, Kingsmoor, Stewards and Passmores ...                                       | 1,620          | 18.12.62             | 1.11.63               | 648                     | 14                       |
| 4.                 | Tye Green, Brays Grove, Latton Bush and Potter Street ...                                  | 1,006          | 16.12.63             | 1.11.64               | 6,365                   | 126                      |
| 5.                 | Old Harlow ...   | 850            | 23.11.64             | 1. 6.66               | 1,395                   | 131                      |
| Total              | ...  | 5,889          |                      |                       | 16,611                  | 680                      |

\* Number of dwelling-houses and other properties as on the date of smoke control orders.

TABLE 42

## ATMOSPHERIC CONDITIONS, 1965

|           | <i>Air temperature<br/>(Fahrenheit)</i> |                      |                              | <i>Rainfall<br/>in inches</i> | <i>Smoke and sulphur<br/>dioxide in micrograms<br/>per cubic metre</i> |                       |                   |                       |
|-----------|---|----------------------|------------------------------|-------------------------------|--|-----------------------|-------------------|-----------------------|
|           | <i>A</i>                                | <i>B</i>             | <i>C</i>                     |                               | <i>Town Hall</i>   |                       | <i>Old Harlow</i> |                       |
|           | <i>Mean<br/>Min.</i>                    | <i>Mean<br/>Max.</i> | <i>Mean of<br/>A &amp; B</i> |                               | <i>Smoke</i>   | <i>SO<sub>2</sub></i> | <i>Smoke</i>      | <i>SO<sub>2</sub></i> |
| January   | 32.2                                    | 43.7                 | 37.9                         | 1.79                          | 44   | 126                   | 66                | 110                   |
| February  | 31.7                                    | 42.9                 | 37.3                         | 0.58                          | 47   | 138                   | 59                | 103                   |
| March     | 33.2                                    | 51.3                 | 42.2                         | 1.57                          | 43   | 131                   | 46                | 74                    |
| April     | 37.7                                    | 57.3                 | 47.5                         | 2.24                          | 27   | 109                   | 24                | 60                    |
| May       | 44.0                                    | 63.0                 | 53.5                         | 1.60                          | 14   | 76                    | 16                | 57                    |
| June      | 48.6                                    | 62.9                 | 55.7                         | 1.92                          | 13   | 86                    | 11                | 54                    |
| July      | 48.1                                    | 65.6                 | 56.8                         | 4.17                          | 10   | 43                    | 9                 | 37                    |
| August    | 48.7                                    | 67.5                 | 58.1                         | 2.73                          | 10   | 45                    | 12                | 37                    |
| September | 44.9                                    | 62.3                 | 53.6                         | 2.96                          | 31   | 101                   | 34                | 68                    |
| October   | 42.1                                    | 62.0                 | 52.0                         | 0.68                          | 46   | 111                   | 47                | 64                    |
| November  | 33.8                                    | 45.5                 | 39.6                         | 3.01                          | 47   | 126                   | 55                | 95                    |
| December  | 32.8                                    | 44.3                 | 38.5                         | 3.77                          | 56   | 170                   | 61                | 154                   |

The meteorological data were supplied by the Harlow Development Corporation. Observations of smoke and sulphur dioxide were made by the staff of the Public Health Department.



TABLE 43 RODENT CONTROL (PREVENTION OF DAMAGE BY PESTS ACT, 1949),

1956-1965

|  | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|--|------|------|------|------|------|------|------|------|------|------|
| Complaints received (dwelling-houses and business premises)  | 124  | 216  | 153  | 213  | 234  | 279  | 234  | 222  | 201  | 203  |
| Properties inspected in connexion with complaints ...        | 124  | 216  | 153  | 456  | 460  | 512  | 548  | 491  | 721  | 503  |
| Total number of inspections and re-inspections ...           | 683  | 1318 | 1089 | 1033 | 1051 | 1811 | 2693 | 1941 | 3101 | 2755 |
| Properties found infested and treated by Public Health Dept. | 104  | 192  | 137  | 200  | 218  | 266  | 251* | 208* | 723* | 372* |
| Properties found infested and treated by occupier ...        | —    | —    | —    | —    | 2    | 1    | —    | —    | —    | —    |
| No evidence of infestation ...                               | 20   | 24   | 16   | 13   | 14   | 12   | 15   | 20   | —    | 9    |
| Contracts entered into ...                                   | 28   | 46   | 29   | 66   | 69   | 51   | 50   | 39   | 58   | 49   |
| Sewer manholes baited ...                                    | 29   | 95   | 62   | 140  | 110  | —†   | 98   | —†   | —†   | —†   |

\* Includes reinfestations.

† Dispensation to carry out baiting given by Ministry of Agriculture, Fisheries and Food following tests which showed no evidence of infestation.

TABLE 44

SUMMARY OF OTHER WORK CARRIED OUT BY PUBLIC  
HEALTH INSPECTORS, 1956-1965.

|  | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|--|------|------|------|------|------|------|------|------|------|------|
| Inspections of food premises including food shops, bakeries, market stalls and itinerant vans ...  | 2232 | 2083 | 1867 | 2425 | 1550 | 1160 | 1153 | 1029 | 1574 | 1765 |
| Inspections of shops other than food shops ...   | 76   | 252  | 72   | 89   | 62   | 15   | 12   | 28   | 28   | 439  |
| Inspections of premises in connexion with duties under the Petroleum (Consolidation) Act, 1928 ... | 25   | 27   | 31   | 135  | 60   | 129  | 130  | 152  | 116  | 241  |
| Inspections of hairdressers' establishments ...  | 45   | 18   | 22   | 36   | 14   | 76   | 9    | 2    | 31   | 4    |
| Inspections of swimming pools  | —    | —    | —    | 14   | 16   | 23   | 29   | 21   | 52   | 23   |
| Inspections of schools—general   | 15   | 8    | —    | 7    | 43   | 13   | 5    | 3    | 9    | 11   |
| Inspections in connexion with refuse collection ...  | 67   | 69   | 41   | 59   | 21   | 61   | 49   | 20   | 55   | 69   |
| Inspections of drainage ...  | 28   | 50   | 55   | 179  | 245  | 87   | 179  | 124  | 124  | 160  |
| Visits in connexion with infectious diseases ...   | 531  | 253  | 287  | 716  | 126  | 192  | 202  | 1593 | 1373 | 444  |
| Visits in connexion with caravans  | —    | 21   | 16   | 118  | 70   | 46   | 51   | 24   | 18   | 42   |

*continued overleaf*



TABLE 44—continued

|  | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 |
|--|------|------|------|------|------|------|------|------|------|------|
| Visits in connexion with complaints and nuisances (other than housing matters) ... | 30   | 38   | 86   | 305  | 278  | 77   | 187  | 21   | 111  | 184  |
| Visits in connexion with insects and pest infestations ...                         | 39   | 79   | 45   | 98   | 120  | 145  | 83   | 103  | 151  | 470  |
| Visits in connexion with smoke control areas ...                                   | —    | —    | —    | —    | 2500 | 646  | 403  | 463  | 1043 | 703  |
| Visits in connexion with other duties under the Clean Air Act, 1956 ...            | 13   | 3    | 36   | 67   | 76   | 415  | 556  | 557  | 605  | 447  |
| Inspections of places of entertainment ...   | —    | —    | —    | —    | 7    | 4    | 2    | 2    | 5    | 18   |
| Visits in connexion with water supplies ...  | 48   | 11   | 10   | 5    | 21   | 27   | 7    | 24   | 10   | 15   |
| Sundry other visits ...  | 38   | 14   | 22   | 21   | 59   | 123  | 127  | 41   | 12   | 185  |
| Complaints investigated and action taken ...                                       | 100  | 154  | 161  | 202  | 250  | 354  | 322  | 387  | 450  | 555  |
| Intimation notices served ...  | 9    | 79   | 53   | 89   | 51   | 95   | 64   | 114  | 115  | 222  |
| Statutory notices served ...   | 13   | —    | —    | 7    | 1    | 12   | 3    | 8    | —    | 11   |

# COUNTY COUNCIL HEALTH SERVICES, 1963 - 1965

## 1. PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946

TABLE 45

### MOTHERCRAFT AND RELAXATION

|                                  | 1963 | 1964 | 1965 |
|----------------------------------|------|------|------|
| Sessions held ... ..             | 406  | 396  | 378  |
| Number of women attending ... .. | 392  | 420  | 337  |
| Number of attendances ... ..     | 2212 | 2855 | 2165 |

TABLE 46

### CHILD WELFARE

|   | 1963  | 1964  | 1965  |
|---|-------|-------|-------|
| Child welfare sessions (doctor in attendance) ... ..  | 591   | 588   | 630   |
| Health visitors' consultative sessions ... ..         | 142   | 170   | 197   |
| Total number of attendances by health visitors ... .. | 781   | 869   | 915   |
| Total number of child attendances ... ..              | 26431 | 29499 | 27610 |

TABLE 47

### MIDWIFERY

|  | 1963 | 1964  | 1965 |
|--|------|-------|------|
| (a) <i>Clinics — ante and post-natal</i>         |      |       |      |
| Attendances by midwives at GP clinics ... ..     | 799  | 740   | 963  |
| Number of examinations carried out ... ..        | 4018 | 10009 | 8521 |
| Attendances by midwives at own clinics ... ..    | 396  | 430   | 496  |
| Number of examinations carried out ... ..        | 3973 | 3821  | 3279 |
| (b) <i>Domiciliary work</i>                      |      |       |      |
| Number of confinements attended                  |      |       |      |
| As midwives ... ..                               | 760  | 707   | 554  |
| As maternity nurses after early discharge ... .. | 233  | 327   | 175  |
| Administration of analgesics                     |      |       |      |
| Gas and air or Trilene ... ..                    | 678  | 525   | 516  |
| Pethidine or similar compound ... ..             | 522  | 478   | 393  |



TABLE 48

## HEALTH VISITING

|   | 1963  | 1964  | 1965  |
|---|-------|-------|-------|
| (a) <i>Clinics and schools</i>                          |       |       |       |
| Sessions attended at child welfare clinics ... ..       | 781   | 869   | 915   |
| Sessions attended at ante-natal and mothercraft clinics | 1025  | 986   | 635   |
| Sessions attended at school clinics ... ..              | 141   | 114   | 143   |
| Sessions attended at schools ... ..                     | 532   | 634   | 617   |
| (b) <i>Domiciliary work</i>                             |       |       |       |
| Persons visited during the year                         |       |       |       |
| Children under 5 years ... ..                           | 5250  | 5592  | 5590  |
| Persons aged 65 and over ... ..                         | 115   | 119   | 73    |
| Others ... ..   | 830   | 739   | 544   |
| Number of visits during the year                        |       |       |       |
| To children under 5 years ... ..                        | 10284 | 10475 | 10150 |
| To persons aged 65 years and over ... ..                | 340   | 311   | 190   |
| Others ... ..   | 1248  | 1067  | 906   |
| Total effective visits ... ..                           | 12691 | 11853 | 11246 |
| Total ineffective visits ... ..                         | 2445  | 2852  | 2794  |
| (c) <i>Tests for phenylketonuria</i>                    |       |       |       |
| Children tested at home or clinic ... ..                | 1325  | 1726  | 2384  |
| Special visits to homes to collect urine specimens ...  | 318   | 337   | 394   |
| (d) <i>Tuberculosis visiting</i>                        |       |       |       |
| Chest clinic sessions attended ... ..                   | 291   | 308   | 339   |
| Households visited during the year ... ..               | 81*   | 433   | 382   |
| Total number of home visits ... ..                      | 1014  | 831   | 945   |

\* Tuberculosis households only

TABLE 49

## HOME NURSING

|  | 1963  | 1964  | 1965  |
|--|-------|-------|-------|
| (a) <i>Clinics</i>                                     |       |       |       |
| Number of sessions attended ... ..                     | 1537  | 1540  | 1779  |
| Number of new patients treated ... ..                  | 2967  | 3711  | 3548  |
| Total attendances by patients ... ..                   | 13328 | 11810 | 11955 |
| (b) <i>Domiciliary work</i>                            |       |       |       |
| Number of patients attended under 65 years of age ...  | 324   | 456   | 424   |
| Number of patients attended aged 65 years and over ... | 202   | 288   | 263   |
| Number of visits to patients under 65 years of age ... | 3954  | 5911  | 7286  |
| Number of visits to patients aged 65 years and over    | 6444  | 9819  | 12423 |

TABLE 50

## IMMUNIZATIONS (other than BCG)

|                                     | 1963 | 1964 | 1965 |
|-------------------------------------|------|------|------|
| Smallpox ... ..                     | 392  | 1128 | 1143 |
| Revaccinations ... ..               | 215  | 309  | 87   |
| Diphtheria/Pertussis/Tetanus ... .. | 1240 | 1620 | 1424 |
| Booster doses ... ..                | 287  | 670  | 820  |
| Diphtheria/Tetanus ... ..           | 26   | 77   | 108  |
| Booster doses ... ..                | 114  | 485  | 746  |
| Diphtheria ... ..                   | 23   | 8    | 1    |
| Booster doses ... ..                | 585  | 710  | 213  |
| Tetanus ... ..                      | 209  | 369  | 305  |
| Booster doses ... ..                | 133  | 332  | 284  |
| Poliomyelitis — Salk vaccine ... .. | 41   | —    | —    |
| Booster doses ... ..                | 170  | 4    | —    |
| Sabin oral vaccine ... ..           | 1948 | 2374 | 1740 |
| Booster doses ... ..                | 1336 | 922  | 1369 |

TABLE 51

## CHIROPODY

|  | 1963 | 1964 | 1965 |
|--|------|------|------|
| Total number of treatments ... ..            | 1640 | 3249 | 4456 |
| <i>At clinics</i>                            |      |      |      |
| To physically handicapped ... ..             | 9    | 28   | 59   |
| To aged over 65 years ... ..                 | 1620 | 2361 | 2880 |
| To others ... ..                             | 11   | 74   | —    |
| Total ... ..                                 | 1640 | 2463 | 2939 |
| <i>In old peoples' homes</i>                 |      |      |      |
| To physically handicapped ... ..             | —    | —    | —    |
| To aged over 65 years ... ..                 | —    | 233  | 229  |
| To others ... ..                             | —    | —    | —    |
| Total ... ..                                 | —    | 233  | 229  |
| <i>Domiciliary</i>                           |      |      |      |
| To physically handicapped ... ..             | —    | 16   | 41   |
| To aged over 65 years ... ..                 | —    | 529  | 1247 |
| To others ... ..                             | —    | 8    | —    |
| Total ... ..                                 | —    | 553  | 1288 |
| <i>Patients being treated at end of year</i> |      |      |      |
| Physically handicapped ... ..                | 1    | 12   | 15   |
| Aged over 65 years ... ..                    | 234  | 422  | 498  |
| Others ... ..                                | 5    | —    | —    |
| Total ... ..                                 | 240  | 434  | 513  |



TABLE 52

## DOMESTIC HELP

|  |     |     |     |     |     | 1963  | 1964  | 1965  |
|--|-----|-----|-----|-----|-----|-------|-------|-------|
| <i>Cases helped during year</i>          |     |     |     |     |     |       |       |       |
| Persons aged 65 years and over           | ... | ... | ... | ... | ... | 122   | 140   | 175   |
| Maternity cases                          | ... | ... | ... | ... | ... | 145   | 151   | 103   |
| Chronic sick under 65 years              | ... | ... | ... | ... | ... | 37    | 35    | 49    |
| Others under 65 years                    | ... | ... | ... | ... | ... | 70    | 59    | 72    |
| Total                                    | ... | ... | ... | ... | ... | 374   | 385   | 399   |
| <i>Hours of help given</i>               |     |     |     |     |     |       |       |       |
| To persons aged 65 years and over        | ... | ... | ... | ... | ... | 20171 | 23112 | 22956 |
| To maternity cases                       | ... | ... | ... | ... | ... | 5840  | 5661  | 3810  |
| To chronic sick under 65 years           | ... | ... | ... | ... | ... | 4377  | 4239  | 5524  |
| To others under 65 years                 | ... | ... | ... | ... | ... | 8492  | 8672  | 6737  |
| Total                                    | ... | ... | ... | ... | ... | 38880 | 41684 | 39027 |
| <i>Cases being helped at end of year</i> |     |     |     |     |     |       |       |       |
| Persons aged 65 years and over           | ... | ... | ... | ... | ... | 83    | 103   | 111   |
| Maternity cases                          | ... | ... | ... | ... | ... | 3     | 5     | 6     |
| Chronic sick under 65 years              | ... | ... | ... | ... | ... | 13    | 16    | 17    |
| Others under 65 years                    | ... | ... | ... | ... | ... | 11    | 11    | 14    |
| Total                                    | ... | ... | ... | ... | ... | 110   | 135   | 148   |
| <i>New cases during the year</i>         |     |     |     |     |     |       |       |       |
| Persons aged 65 and over                 | ... | ... | ... | ... | ... | 57    | 57    | 70    |
| Maternity cases                          | ... | ... | ... | ... | ... | 148   | 146   | 99    |
| Chronic sick under 65 years              | ... | ... | ... | ... | ... | 19    | 22    | 31    |
| Others under 65 years                    | ... | ... | ... | ... | ... | 50    | 49    | 56    |
| Total                                    | ... | ... | ... | ... | ... | 274   | 274   | 256   |

TABLE 53

NUMBER OF STAFF EXAMINED BY  
ASSISTANT COUNTY MEDICAL OFFICERS

|  |     |     |     |     |     | 1963 | 1964 | 1965 |
|--|-----|-----|-----|-----|-----|------|------|------|
| Entrants to County Council service                   | ... | ... | ... | ... | ... | 328  | 356  | 326  |
| Teachers and entrants to teachers' training colleges | ... | ... | ... | ... | ... | 80   | 72   | 69   |

TABLE 54

**2. SCHOOL HEALTH SERVICE—EDUCATION ACT 1944,  
1963 - 1965**

**School medical examinations**

|                                      | 1963 | 1964 | 1965 |
|--------------------------------------|------|------|------|
| Routine examinations ... ..          | 2632 | 2640 | 2964 |
| Special and re-examinations ... ..   | 1479 | 1287 | 1441 |
| Defects requiring observation ... .. | 1095 | 1365 | 2198 |
| Defects requiring treatment ... ..   | 515  | 610  | 907  |

TABLE 55

**Audiometry**

|   | 1963 | 1964 | 1965 |
|---|------|------|------|
| Referred for test ... ..                                      | 135  | 123  | 101  |
| Tested ... ..   | 117  | 108  | 95   |
| Not tested (appointments not kept, left district etc.) ... .. | 6    | 2    | 2    |
| Awaiting test at end of year ... ..                           | 12   | 13   | 4    |
| No defect found ... ..  | 52   | 80   | 60   |
| Placed under observation ... ..                               | 17   | 1    | 7    |
| Some loss of hearing but no treatment needed                  | 12   | 2    | 2    |
| Treatment required ... ..                                     | 23   | 16   | 18   |
| Awaiting result of further investigations ...                 | 13   | 9    | 8    |

TABLE 56

**Speech therapy**

|   | 1963 | 1964 | 1965 |
|---|------|------|------|
| New cases ... ..  | 74   | 46   | 49   |
| New cases treated ... ..                                | 43   | 68   | 58   |
| New and old cases under treatment at end of year ... .. | 120  | 102  | 93   |



TABLE 57

## Prevention of tuberculosis

(i) *Tuberculosis case finding in school entrants, 1963 - 1965*

|   | 1963 | 1964 | 1965 |
|---|------|------|------|
| Children to whom Heaf test was offered ...        | 1327 | 1540 | 1797 |
| Number who accepted ... ..                        | 1091 | 1275 | 1484 |
| Number tested ... ..                              | 965  | 1197 | 1313 |
| Positive reactions ... ..                         | 10   | 15   | 33   |
| Significant findings on further investigation ... | —    | 5    | 17   |
| No significant findings ... ..                    | 10   | 8    | 16   |

(ii) *BCG Vaccination*

|  | 1963 | 1964 | 1965 |
|--|------|------|------|
| Children to whom vaccination was offered ... | 1205 | 1168 | 1093 |
| Number who accepted ... ..                   | 789  | 908  | 890  |
| Number Heaf tested ... ..                    | 727  | 852  | 779  |
| Positive reactions ... ..                    | 92   | 58   | 103  |
| Negative reactions ... ..                    | 533  | 763  | 643  |
| Number vaccinated ... ..                     | 528  | 737  | 604  |





