

[Report 1966] / Medical Officer of Health, Harlow U.D.C.

Contributors

Harlow (England). Urban District Council.

Publication/Creation

1966

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THE
HEALTH OF HARLOW
IN THE YEAR
1966



THE HEALTH OF HARLOW in the year 1966


being the

ANNUAL 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,

I have pleasure in presenting to you my report for the year 1966 which, after the special publication of last year, has now reverted to its usual form.

In compiling the report the writing of the preface was left to the end in order to be able to draw attention in it to any outstanding features in the narrative and statistical sections. However, much to my satisfaction I found that there was very little that needed emphasizing because the year under review was uneventful and the condition of health of the residents of Harlow was on the whole very good.

It is somewhat disappointing to note that the increase in population was rather small. Nearly half of it was due to the excess of births over deaths despite the fact that the birth rate had further declined.

I am particularly gratified to be able to report low illegitimacy and perinatal mortality rates and the absence of any serious outbreaks of disease.

On the environmental health side, the last smoke control order came into operation on 1st June so that the whole town is now free from smoke. Other improvements in the environment were gradual and unspectacular but their beneficial effect will be felt in the years to come.

For various reasons the administration of the personal health services, which are the responsibility of the County Council through the Health Area Sub-Committee, has never been easy. An opportunity to consolidate the numerous changes and improvements made during the past four years was taken in the year under review.

To conclude, I must once again express thanks to all members of my staff who worked with great dedication and diligence. I am also grateful to my colleagues in other departments for their co-operation and help as well as for the information some have contributed to this report.

I am, Mr. Chairman, Ladies and Gentlemen,

Yours faithfully,

I. ASH, M.D., D.P.H.,

Medical Officer of Health.

Town Hall,
Harlow, Essex.
August, 1967.

SECTION A — SERVICES PROVIDED BY HARLOW
URBAN DISTRICT COUNCIL

- 1. All services provided by Harlow UDC and Harlow and Chigwell RDC and also Harlow Urban and District Councils, Essex County Council.
- 2. All services provided by Harlow UDC and Harlow and Chigwell RDC and Harlow Urban and District Councils, Essex County Council.
- 3. Collection of the refuse, street cleaning and other services provided by Harlow UDC.
- 4. Street lighting of Harlow Urban and RDC, Harlow Council.
- 5. Operation of the Harlow Urban and RDC, Harlow Council.
- 6. Collection of refuse, street cleaning, street lighting of Harlow.
- 7. Operation of Harlow Urban and RDC, Harlow Council.
- 8. Street lighting, Harlow Urban and RDC, Harlow Council.

PUBLIC HEALTH COMMITTEE

as on

31st December, 1966

Chairman:

Councillor W. F. HEWETT

Vice-Chairman:

Councillor R. J. KELLY

Members:

Councillor Mrs M. BACH

Councillor R. P. CHANT

Councillor J. J. DAVIDSON

Councillor Mrs A. J. GARNER

Councillor M. L. GAYFORD

Councillor R. J. MALSTER

Councillor Mrs E. I. V. MORRIS

Ex-Officio Members:

Councillor R. S. ROBERTS JP

Chairman of the Council

Councillor W. G. ARNOTT

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:

B. V. HASSAN, MB, BCh, BAO, DPH†

<i>Chief Public Health Inspector:</i>	H. L. HUGHES, DPA, MAPHI, MRSH, ^{1 2 3}
<i>Deputy Chief Public Health Inspector:</i>	S. A. EADE, DMA, MAPHI, FRSH, ^{1 2 3 4 5}
<i>Public Health Inspector:</i>	W. WOOD, MAPHI, ^{2 3 6}
<i>Public Health Inspector:</i>	M. R. RUOCCO, MAPHI, MRSH, ^{1 2 3}
<i>Technical Assistant:</i>	P. A. BAILEY, (to 3.7.66). R. GETHING (from 25.7.66)
<i>Chief Clerk:</i>	Miss A. E. A. ROTHWELL
<i>Personal Administrative Assistant to Medical Officer of Health:</i>	Mrs B. CRUICKSHANK
<i>Clerk/Typists:</i>	Mrs S. KAYE Miss L. TODD Mrs C. CHRISTY

* Also Medical Officer of Health for Epping UDC and Epping and Ongar 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

There has been no increase in the staff establishment of the department and the only changes concerned the holders of existing posts. Mrs B. Cruickshank was appointed as Personal Administrative Assistant to the Medical Officer of Health in lieu of Mrs M. Hargreaves who resigned, and Mr R. Gething, Technical Assistant, replaced Mr P. A. Bailey who emigrated to Australia.

Mr Hughes, the Chief Public Health Inspector, was offered a Winston Churchill Memorial Travelling Fellowship and left in August for a six months' tour of the United States of America to study food hygiene.

Mr Eade, the Deputy Chief Public Health Inspector passed his final D.M.A. examination.

As in the past years a number of visitors came to see and study the health services in Harlow. Particularly welcome was Dr P. B. Thommesen, Medical Officer of Health of Harlow's twin town Stavanger. Amongst the other visitors were the following: Dr J. R. Murdock, Medical Officer of Health, Norwich; Dr Osmo Kaipainen, Finland; Dr T. R. Al Majeed, Iraq; Dr. Marie Brockbank, Lancashire C.C.; Dr H. A. El Faki and Dr S. El Saeed, Sudan; Dr Lowry and four officers, Hammersmith LBC; Dr C. da C. Fischer, Brazil; Dr W. Erich, Personal Assistant to Minister of Interior and Dr F. Baske, Head of Public Health Service, Schleswig Holstein; Dr J. M. Last, Senior Lecturer in Social Medicine, Edinburgh University; Dr H. L. Settle, M.O.H. Bexley LBC; Dr W. K. Henderson, Scottish Home and Health Department; Dr R. Schwengber and Dr A. Schweitzer, Brazil; Nine Yugoslav doctors from the Andrija Stampar School of Public Health; Dr T. K. Whitmore, Department of Education and Science; Dr J. T. Baldwin, Scottish Home and Health Department; Miss J. K. Pettit, Nursing Officer, Ministry of Health; group of post-graduate students from the London School of Hygiene and Tropical Medicine; group of post-graduate students from the Royal Institute of Public Health and Hygiene; two groups of students from the Hospital Administration Staff College; group of overseas public health inspectors; two senior undergraduate students from St. Thomas's Hospital Medical College.

COMMENTS ON VITAL STATISTICS

Population

The Registrar General's estimate of the mid-year population for 1966 was 68,740. This represents an increase of only 2,480 over the previous year and is the second smallest annual increase since Harlow became an independent local authority (1964 — 2,400). The excess of births over deaths accounted for 48.9% of the new residents, the balance being due to inward migration. There was no significant change in the age structure of the population. According to the latest estimates, the proportion of those over 60 years of age (5.35% of the whole population) increased very slightly and was only 0.28% higher than the census figure of 1961.

Births

The downward trend in the birth rate continued in the year under review. Although the number of live births was exactly the same as in the previous year, when related to a higher population it gives a crude birth rate of 21.5 compared with 22.3 in 1965. The corrected rate which takes account of the age and sex

structure of the population and which is the only rate comparable with that of other local authority areas and the country as a whole, was 15.9 as against 17.7 for England and Wales.

The number of illegitimate births has up to now shown a small but steady increase year by year, but in 1966 it was slightly down giving a remarkably low illegitimate birth rate of 4.3% compared with 7.9% for England and Wales.

For every 100 live female infants born there were 107.7 male infants.

Seventy-two premature infants, that is those who at birth weighed $5\frac{1}{2}$ lbs or less, were notified during the year. Of these eight were stillborn and six died. Details are given on page 32. Twenty-eight infants were notified in 1966 (27 in 1965) as having been born with congenital malformations. This number is not complete, and despite the fact that the notification scheme has been in existence since 1964, some malformations are still not reported. The table below shows the distribution of malformations:—

<i>No. of infants</i>	<i>No. of malformations in each infant</i>
1	10
1	3
2	2
24	1

In two cases the malformations were so severe that the infants were stillborn and in three further cases they led to death within the first year of life. The two still births were due one to anencephaly and other malformations and the other to stenosed aqueduct of Sylvius. Of the infants who died within 12 months one had severe multiple (10) defects which caused death within 12 minutes of birth, another had a persistent ductus arteriosus and died 16 hours after birth and the third one had congenital hydrocephalus and died at 9 months of age. The other non-fatal defects reported were:—

<i>Defect</i>	<i>No. of infants affected</i>
Talipes	6
Hypospadias or other defect of male genital organs	4
Cleft lip or palate	3
Down's syndrome	3
Pilonidal sinus	2
Severe deformity of the hand	1
Various insignificant malformations	4

There were 15 still births in the year under review, which is exactly the same number as in the year before, and the rate per 1000 live and still births was 10.0, also the same as 1965. A table showing the cause and place of these still births, is on page 33.

During 1966 the Maternity Department at Princess Alexandra Hospital was fully operational and the percentage of Harlow babies born in that and other

hospitals increased from 62.8 (937 births) in 1965 to 70.4 (1,050 births) in 1966. The proportion of domiciliary births was 37.2% (555 births) and 29.6% (442 births) respectively.

There was also a considerable drop in the number of women who left hospital before the tenth day after giving birth. Only 107, equal to 7.10%, were so discharged.

Deaths

In 1966 there was one death less than in 1965, but because of the increased population the death rate declined from 4.0 to 3.8. This rate is extremely low and even if corrected it is only 11.00 per 1000 population compared with 11.7 for England and Wales. The table on page 37 gives the age and sex distribution of deaths. Of all the deaths 50.5% were in persons of 65 years and over and 7.6% in infants under one year of age. For every 100 female deaths there were 134.8 male deaths. Twenty infants died within a year of birth, six of these did not survive the first 24 hours and 10 died in the first week of life. The infant mortality rate was only 13.5 per 1000 live births compared with 19.0 for the country as whole. For every 100 female infants who died there were 66.7 male infants. Prematurity and congenital malformations were the main cause of death (see page 38).

Because of the relatively small number of still births and early neonatal deaths, the perinatal mortality rate at 16.7 (England and Wales 26.3) was the lowest in the history of the town.

The place of death of the 263 persons who died in 1966 is shown below:—

In hospital	166
At home	91
At work	4
On the road	2

Amongst the causes of death cancers, including leukaemia, were foremost in claiming 66 victims which is 25.1% of all deaths. There was again an increase in cancer of the lung and bronchus which with 20 deaths was nearly one third of all cancers.

Death from coronary disease and angina showed a slight but welcome decline (53 deaths) and constituted 20.1% of all deaths.

Compared with seven deaths by suicide in 1965, in the year under review only one male aged 36 years and one female aged 81 years took their own lives. This represents a mortality rate of 0.3 per 10,000 population as against 1.0 for England and Wales. Both the suicides were by means of carbon dioxide poisoning.

Six persons died as a result of accidents other than motor vehicle accidents. An analysis of these deaths is given below:

<i>Age group</i>	<i>Sex</i>	<i>Nature of accident</i>
15 — 25	1 male	Crushed by tractor
25 — 35	1 female	Narcotic poisoning
45 — 55	1 male	Fall from steps
75 +	1 male	Severe burns
	1 female	Knocked down
	1 female	Unknown.

There were eight deaths as a result of motor vehicle accidents. Sixty deaths were reported to the Coroner either by a hospital or a general practitioner. The circumstances are given below:

<i>Reason</i>	<i>Reported by hospital</i>	<i>Reported by G.P.</i>
Sudden death	20	24
Accidental death	14	—
Suicide	1	1

COMMENTS ON COMMUNICABLE DISEASES AND FOOD POISONING

The year under review was free from serious outbreaks of infectious diseases and there were also fewer sporadic cases of the common fevers. Notifications according to age group and incidence rate per 10,000 population are shown on page 39. All the 15 cases of food poisoning were due to salmonella, mainly *S. typhimurium*, but there were also cases of salmonellae not often found in this district, viz:

<i>S. liverpool</i>	2
<i>S. kiambu</i>	2
<i>S. heidelberg</i>	1
<i>S. enteritidis</i>	1

The Pathology Laboratory at Princess Alexandra Hospital and the Public Health Laboratory at Chelmsford again gave invaluable assistance with the examination of specimens, both for diagnostic and preventive purposes.

Mention must be made here of scabies which although not a notifiable disease is, nevertheless, contagious and troublesome. The number of cases has increased considerably throughout the country as well as in Harlow and the reason for this high prevalence is not fully understood. Since the disease is not notifiable its exact incidence in Harlow is not known, but most general practitioners are seeing many more patients than in past years.

In accordance with regulations in force, persons who arrive in this country from an area where there is smallpox and who cannot produce evidence of recent vaccination, should be placed under surveillance. Information about them is usually received from air and seaport authorities but at times it arrives too late i.e. after the incubation period of the disease or when the person concerned has already moved to another unknown destination. In one particular instance no fewer than six calls were made at the address given without finding anybody in.

Tuberculosis

The incidence rate of newly notified cases was 0.4 per 1000 population for respiratory and 0.04 for other forms of tuberculosis — almost the same as in the previous year. The highest incidence, 11 out of 29 cases, was in the age group 45 - 60 years. There were no deaths attributable directly to tuberculosis.

The Mass Radiography Unit again visited the town in June and 5,133 persons availed themselves of this diagnostic screening. Only one case of tuberculosis requiring immediate treatment was found and this in the course of a survey of the factory population. There was also one case of cancer of the lung. Other details of the mass radiography survey are given on page 41.

Problem families

The Committee for the Co-ordination of the Prevention of Break-up of Families continued to meet monthly and, by discussing the cases before them, the various agencies concerned in the rehabilitation of the problem families were able to avoid duplication of effort.

At the beginning of 1966 the Committee had 23 families under their surveillance. During the year only one new family was added to this list and it is encouraging that in this period the circumstances of five families improved to such an extent that they were no longer considered to be problem families and their cases were closed.

Care of Old People

In May a conference was called by the County Council to discuss the whole question of the Meals on Wheels Service as it had been shown from national surveys that between 7% and 9% of the people over 65 could usefully be served, but throughout Essex only about 2% were provided with meals. The W.R.V.S. were asked if they could extend this service in Harlow but because of the shortage of staff they were unable to help though they agreed to review the position at the end of the year. However, as a result of enquiries made, it was ascertained that as far as was known, there were no old people in Harlow in need of the Meals on Wheels Service who did not already receive it. During the year the W.R.V.S. supplied 3,946 meals and a further 3,746 were served through the various luncheon clubs.

Once again 300 old age pensioners went to Margate under the Council's holiday scheme at a cost to them of only £1. As a departure from previous years the old people elected to go in September instead of May and this proved to be a wise choice as the weather during the holiday period was very warm and sunny and greatly added to their enjoyment. Two couriers, themselves old age pensioners, were in charge of the party and they shared duties for the two week period. Of the 300 participants, 116 had never been on a Council holiday, 145 had been once before and the remaining 39, because of particular circumstances, had been two or three times previously.

The Council recruited more voluntary wardens during 1966 bringing the total number to 14. Most parts of the town where there is a relatively high density of old people are now covered by housing wardens.

623 persons over the age of 65 years received chiropody under the County Council scheme.

Medical examination of Council staff

One hundred and forty persons were medically examined in connexion with their employment by the Harlow Council. Of these, 129 were found to be fit and were unreservedly recommended for admission to the Superannuation/Sick Pay Scheme. Eight persons were referred for further medical examination after a period of time and were subsequently found fit. Three persons were found unfit for inclusion in the scheme. Three further persons were medically examined elsewhere at the request of the Harlow Council and three persons were medically examined on behalf of other authorities.

Health Education

Informal health teaching continued as an integral part of the daily work of both the Public Health and Area Health departments. In addition to this some formal lectures were given to various organizations and groups. The Chief Public Health Inspector addressed the S.W. Essex Bakers Federation and the senior pupils of Passmores School. Health visitors also gave talks to several women's groups, and the well-established pattern of ante-natal health education continued with a regular programme of talks, films and demonstrations at all the clinic centres, in conjunction with classes in relaxation and preparation for childbirth.

An eight week course for child minders and play group leaders is mentioned on page 26 under "Care of Mothers and Young Children".

Posters and suitable leaflets were distributed for use in schools and youth clubs, and a number of school children visited the Town Hall to ask for information and literature in connexion with their health study projects. Posters were also supplied for display in the town's bus shelters.

SANITARY CIRCUMSTANCES AND INSPECTION

The Report of the Chief Public Health Inspector

Water Supply

The Lee Valley Water Company continued to meet the slowly rising demand for water as the development of the town proceeded. Details of the routine sampling carried out both by the Water Company and the Public Health Department are shown in the statistical tables of this report; all samples were found to be satisfactory. There are still four private wells in use on the outskirts of the town and it will be seen that samples from this source indicated intermittent slight pollution of the water. The owners of the wells were fully informed of the implication of these sampling results.

Swimming Pools

There are now 10 swimming pools and three paddling pools in the district. Samples of water were taken regularly and those from the swimming pools were generally satisfactory. The results obtained from the paddling pools were, however, erratic. These pools are shallow and proper diffusion of the sterilizing hypochlorite solution is difficult to achieve. They are moreover subject to great fluctuations of usage and subsequently to loading with organic impurities, and these fluctuations cannot be avoided. It is intended to inspect these paddling pools more frequently in 1967. An interesting development during the year was the decision of the Essex County Council to change the system of water purification in swimming pools at schools from marginal chlorination, which had been in use for many years, to break-point chlorination. This change in policy resulted directly from the report of a survey carried out by the Central Public Health Laboratory which suggested that the marginal system of chlorination with its recommended level of 0.5 parts per million of free chlorine was inadequate to cope with the rapidly changing amount of organic impurities which results from the use of small swimming pools for class instruction. The break-point system of chlorination now adopted requires between 1 and 2 parts per million of free residual chlorine in the water and undoubtedly gives a greater reserve to deal with sudden increases in the bathing load and a better margin of safety from the bacteriological stand point.

Sewerage

A survey carried out during the year showed that only three pail and 10 chemical closets still remain in the district. These types of closet are in use in areas where no sewer is available or, alternatively, on building sites. Some 53 cesspools or septic tanks also exist mostly on farms or in outlying corners of the district and these are serviced by the Engineer and Surveyor's Department of the Council on demand by the owner or occupier of the premises.

Housing

Reference was made in last year's report to the improvement area which the Council had declared in Old Harlow. Progress continued in 1966 although it was slow because of the cumbersome procedure laid down in the Housing Act, 1964. During the year 10 immediate improvement notices were served on owners where the tenants had agreed to work being carried out, and four suspended notices were served where the tenants had refused to permit the owner to carry out improvements. Work was in progress in four of the houses at the close of the year.

Outside the improvement area 13 discretionary grants and four standard grants were approved. Most of these were for owner/occupied properties. This is approximately double the number of improvement grants applied for in 1965, but even so the total is relatively small. It is unlikely that any further increase in grants will occur outside the improvement area as the number of houses suitable for such improvements is now relatively small.

One hundred and forty-seven complaints about housing conditions were received in the Public Health Department during the year. This figure is quite low for a town the size of Harlow and reflects the high standard of housing, most of which is publicly owned. Some 61 of the complaints concerned condensation; blocked and defective drains caused a substantial part of the remainder.

The row of old dwellings known as Parndon Mill Cottages received attention during the year. These agricultural cottages were originally occupied by workers at the Parndon Mill on service tenancies. Efforts to improve them in previous years were unsuccessful and, subsequent to the closure of the mill a few years ago, the tenants continued to live rent-free whilst the structure of the cottages deteriorated rapidly. Repairs were difficult to enforce because of the lack of definite information as to ownership. Notices under Section 16 of the Housing Act, 1957 were served and lengthy negotiations ensued with the various parties who had an interest in the properties. Eventually, towards the end of the year, demolition orders were made on four of the cottages and a closing order on a fifth which adjoined an unoccupied cottage. This closing order was subsequently rescinded and a demolition order substituted.

Food

The constant surveillance and inspection of food premises in the district continued during 1966. Their standard in Harlow is reasonably good when compared with that of similar premises throughout the country but much still remains to be done in the education of food workers and management personnel. Unfortunately, the status of workers in the retail food industry is not high in this country and this is reflected in their behaviour and attitude to food hygiene. If there is shortage of workers in the food industry, as so often is the case, the management tends to be less critical of the staff which they are able to obtain. The retail food industry is one of the few large employers of labour where little if any training and experience is demanded of the workers. Some of the more progressive firms in Harlow provide and insist on instruction of staff before they take up duties in food premises and a fair proportion of the managerial staff throughout the industry attend educational programmes provided at intervals by the Public Health Department. For the large bulk of assistants and operatives in food shops, however, their only contact with the Public Health Department is that which occurs during routine visits by public health inspectors. The time which can be spent on education during such visits, although very valuable, is necessarily limited.

The volume of complaints about food received during the year shows no sign of diminishing. Whilst many of the complaints were unfounded, a number were fully justified. Nine cases resulted in legal proceedings and all involved either foreign objects in food or the sale of food which was stale, mouldy or otherwise out of condition. All these cases lead to convictions and fines were imposed. The total number of such cases could well have been much larger if the public realised that it is essential that complaints should be made to the Public Health Department without delay after the purchase and also that the article of food must be retained as near as possible in the same state as when it was bought or delivered to the

householder. Many cases never reach the Courts because these conditions are not fulfilled. Typical of this type of case is the consumer who, having been sold unsound food, thinks about the matter for three or four days then takes a small portion to the Public Health Department having already disposed of the rest.

The incidence of foreign bodies in food continues and indeed seems to be on the increase. This is undoubtedly due to mechanization in the food industry. The suggestion that the "human element" is the main factor in such cases is seldom true. The proportion of workers employed in food processing decreases as the use of machines increases and it is the machine-caused errors, in the absence of human workers, which are frequently responsible for the foreign bodies in the food-stuffs. It is difficult to see how this trend will alter or how the number of incidents of this nature will decrease.

During the year a wide range of foodstuffs were subjected to bacteriological examination. Milk supplies were generally satisfactory; the two unsatisfactory samples obtained were both from vending machines in cafes and should not be taken as a reflection on the condition of the milk delivered to this district by the wholesale dairies. Results of the sampling of ice-cream show a welcome improvement on those of recent years. The proportion of cooked meats in a poor bacteriological condition at the time of sale remains about the same as in previous years and is unlikely to improve until refrigeration of retail displays of such products is made obligatory. The absence of unsatisfactory samples of fresh cream products is a great improvement compared with the past. This is a direct result of the provision of refrigerated display cabinets for these highly perishable items of food. Only one baker's shop in the town still remains without refrigeration facilities.

The chemical examination of foodstuffs and drugs under the Food and Drugs Act continued as an established routine. An effort was made during 1966 to include amongst the samples unusual foodstuffs and a proportion of drugs dispensed by chemists. The list of products sampled is given in the statistical section of the report. Although the number of unsatisfactory samples obtained was negligible it should be realised that only regular surveillance of foodstuffs and the knowledge by the manufacturers and retailers that such surveillance takes place, provides the public with adequate safeguards. Six of the eight unsatisfactory sample results detailed in the tables of this report arose from complaints from the public; the foods concerned were submitted to the Public Analyst for expert opinion.

Shops, Offices and Factories

There are now 435 premises registered with this authority under the Offices, Shops and Railway Premises Act, 1963, and 4,612 persons are employed in them. In 1966 a total of 828 visits were paid to premises and of these 256 were general inspections under the Act. Within the two-and-half years of the Act coming into operation, all premises have received a general inspection, and it is anticipated that further inspections will continue at the same rate. In the recent evidence of the Ministry of Labour to the Royal Commission on Local Government, it was suggested that to ensure regular inspection of premises, the Offices, Shops and Railway Premises Act should be enforced by a central inspectorate in a similar manner to the Factories Act, 1937. In Harlow such an arrangement would be unlikely to increase the frequency of inspections carried out by the Public Health Department.

One hundred and eighty-eight written notices of contraventions were sent to occupiers of premises during the year; details are set out in the table on page 44

A large proportion of these contraventions concerned the failure to provide information for the employees, thermometers in workrooms and first aid equipment. There was, however a considerable number of workrooms and sanitary conveniences which required cleansing and decoration. The expected regulations under the Act setting up specific standards of lighting for various types of working areas in shops and offices have still not materialized and the general standard of lighting remains low in some storage and preparation rooms at the back of shops. Fourteen notifications under Section 8 of the Act, concerning inadequate lighting, were sent to occupiers of premises where the deficiency was beyond question. There remain many other border-line cases of insufficient lighting where improvement cannot be enforced until the long awaited regulations on lighting standards are available.

Atmospheric Pollution

The Council's clean air programme involving complete coverage of residential areas of the town with smoke control orders has been completed and as a result the atmosphere in Harlow is relatively clean. The discovery of North Sea gas may, however, lead in future to some complications in the matter of fuel supplies. The houses in that part of the town which was first developed were constructed with improved open fires as the standard heating appliances, and several thousand of them exist in Harlow. The fuel burnt on some 90% of these fires is "Gloco", a gas coke which is the cheapest of the solid smokeless fuels. It now seems probable that "Gloco" and similar cokes will disappear within a few years as the need to produce gas from coal diminishes. If the smoke control areas are to be preserved the following possibilities will have to be explored: either a guaranteed supply of other types of smokeless fuels capable of burning in open fires (at present the supply is unreliable and the cost high); the conversion of existing open fire-places to closed solid fuel appliances which burn hard coke, the future supply of which is assured; or the removal of the open fires and their replacement with a central heating system based on gas, hard coke or electricity. A further difficulty is that the existing grant scheme to householders and owners only applies to adaptation of fireplaces when a smoke control area is first established. It does not apply to an area which already exists. The whole matter will have to be fully studied by the responsible authorities within the next year or so and some decision made. After all the effort which has been expended by the Council and the Harlow Development Corporation and the co-operation given to the smoke control programme by industrialists and householders alike, it would be a great pity if circumstances compelled the use of soft coal in Harlow again.

Pest Control

There is little to report on this subject. The Council's free service for the eradication of rodents and wasps nests on domestic premises continues. The level of infestation of other insect pests in the town is relatively low and gives no cause for concern to the Public Health Department.

RESOLUTION

The Board of Health of the County of Essex, in and for the County of Essex, do hereby resolve that the following members of the Board of Health be appointed to the following positions:

- Representing the County of Essex
Councilor Mr. J. J. [Name]
- Councilor Mr. M. [Name]
- Councilor Mr. E. [Name]
- Councilor Mr. F. [Name]
- Councilor Mr. G. [Name]
- Councilor Mr. H. [Name]
- Councilor Mr. I. [Name]
- Councilor Mr. J. [Name]
- Councilor Mr. K. [Name]
- Councilor Mr. L. [Name]
- Councilor Mr. M. [Name]
- Councilor Mr. N. [Name]
- Councilor Mr. O. [Name]
- Councilor Mr. P. [Name]
- Councilor Mr. Q. [Name]
- Councilor Mr. R. [Name]
- Councilor Mr. S. [Name]
- Councilor Mr. T. [Name]
- Councilor Mr. U. [Name]
- Councilor Mr. V. [Name]
- Councilor Mr. W. [Name]
- Councilor Mr. X. [Name]
- Councilor Mr. Y. [Name]
- Councilor Mr. Z. [Name]

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

- Representing the County of Essex
Councilor Mr. A. [Name]
- Councilor Mr. B. [Name]
- Councilor Mr. C. [Name]
- Councilor Mr. D. [Name]
- Councilor Mr. E. [Name]
- Councilor Mr. F. [Name]
- Councilor Mr. G. [Name]
- Councilor Mr. H. [Name]
- Councilor Mr. I. [Name]
- Councilor Mr. J. [Name]
- Councilor Mr. K. [Name]
- Councilor Mr. L. [Name]
- Councilor Mr. M. [Name]
- Councilor Mr. N. [Name]
- Councilor Mr. O. [Name]
- Councilor Mr. P. [Name]
- Councilor Mr. Q. [Name]
- Councilor Mr. R. [Name]
- Councilor Mr. S. [Name]
- Councilor Mr. T. [Name]
- Councilor Mr. U. [Name]
- Councilor Mr. V. [Name]
- Councilor Mr. W. [Name]
- Councilor Mr. X. [Name]
- Councilor Mr. Y. [Name]
- Councilor Mr. Z. [Name]

**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 31 December 1966, as follows:

Representing Harlow Urban District Council	Councillor R. J. Kelly (Chairman) Councillor Mrs M. Bach Councillor H. R. Bailey Councillor J. F. Beecher Councillor D. F. Condon Councillor J. J. Davidson Councillor Mrs D. R. Gardner Councillor M. D. Juliff Councillor R. J. Malster Councillor R. B. Morgan Councillor Mrs E. I. V. Morris Councillor E. Myers
Representing Essex County Council ...	Alderman O. L. Oxley Councillor W. F. Hewett (Vice-Chairman) Councillor Mrs M. R. Davey Councillor A. J. Davidson, LL.B. Councillor D. Ll. Jones Councillor G. C. Waterer One vacancy.
Representing Harlow Group Hospital Management Committee	Mrs U. K. Nimmo, JP
Representing National Health Service Executive Council for Essex ...	Councillor Mrs S. Anderson
Representing Local Medical Committee for Essex	Dr J. Meyrick
Representing Local Voluntary Organi- zations	Dr W. N. Booth

STAFF OF THE AREA HEALTH OFFICE ON 31st DECEMBER, 1966

(Some also deal with the School Health Service)

Area Medical Officer	...	...	...	I. Ash, MD, DPH (Part-time)
Medical Officers	...	...	...	B. V. Hassan, MB, BCh, BAO, DPH (Part-time) Luba Kennaird MB, ChB. G. Thomas, MB, BS, DROG.
Area Dental Officer	...	...	...	B. G. Brown, LDS, RCS (Eng.) (Part-time)
Dental Officer	...	...	...	M. Ashar LDS, RCS.
Superintendent Health Visitor	...	...	...	Miss I. C. Roberts, SRN, SCM, QN, HV Cert.
Health Visitors	...	...	...	13 Full-time (one engaged entirely on tuberculosis work).
Non-Medical Supervisor of Midwives and Superintendent of District Nurses	...	...	...	Miss E. Bergin, SRN, SCM
Midwives	...	...	...	10 Full-time
District Nurses	...	...	...	5 Full-time 4 Part-time
Home Help Organizer	...	...	...	Mrs B. Oliver
Home Helps	...	...	...	49 Part-time
Senior Administrative Officer	...	...	...	H. S. Alleyne DPA, ARSH
Administrative and Clerical Officers	...	...	...	12 Full-time 6 Part-time

Care of Mothers and Young Children (Section 22)

Towards the end of the year, the Executive Council, in consultation with the general practitioners concerned, decided that instead of two separate group practices at Lister House there would be only one with all doctors working in partnership. This change in policy necessitated a rearrangement of accommodation and it was decided to cede to the general practitioners the part of the building used for maternity and child welfare purposes and to transfer these services to the new premises which were being built and were originally intended for the second group practice.

It is hoped that this new arrangement will suit everybody concerned. Meanwhile the maternity and child welfare sessions continued as before but attendances are increasing day by day because the Staple Tye area is developing very rapidly.

In the other clinic centres work slackened off a little. This was due to the falling birth rate which had an effect on the attendances both at ante-natal and child welfare clinics. (See statistics on page 50).

The supervision of children under five years old cared for during the day was continued. At the end of the year there were 10 registered child minders looking after only eight children. In addition 12 play groups were in existence where 296 children were kept in the mornings for $2\frac{1}{2}$ to 3 hours.

In the autumn an eight-week course of evening lectures was arranged for persons registered as child minders or engaged in the running of nursery play groups. This was held in the Stavanger Room, Town Hall, and attracted a large audience. There was much useful discussion on the different aspects of child care and thanks are due to visiting speakers who contributed so much to the success of the course.

Midwifery (Section 23)

In the year under review there was a further reduction in the number of home confinements because the Princess Alexandra Hospital Maternity Unit was able to admit more patients. One midwife resigned in order to undertake training as a health visitor and was not replaced.

Eighteen pupil midwives completed their district training in Harlow during the year. One member of staff attended the statutory quinquennial refresher course.

The Minnit gas-and-air machines carried by all midwives were replaced by the more up-to-date Entonox gas-and-oxygen apparatus.

The domiciliary midwives played an active part in the local branch of their professional organization which arranged regular lectures and discussions on new developments in midwifery. In this, as in other ways, there was close co-operation with midwives in the hospital service.

Health Visiting (Section 24)

Two health visitors and one clinic nurse joined the staff during 1966; one health visitor resigned. At the end of the year there were 11 health visitors, one tuberculosis visitor and one clinic nurse.

Apart from fixed sessions in child welfare and other clinics and in the schools, health visitors continued to concentrate on the surveillance of families with young children and to maintain liaison with general practitioners and social workers in guiding and helping individuals and families in difficulty.

There was a happy co-operation with the staff at the Princess Alexandra Hospital, especially in the Maternity Unit. One new development was the introduction there of regular post-natal mothercraft classes. These occasions enabled the health visitors to meet the mothers and offer them information and advice before their return home. This proved a valuable supplement to ante-natal classes and to the teaching provided in hospital, and a foundation for the future relationship between parents and health visitors. The health visitors also took part, with the district nurses, in a new scheme by which pupil nurses from the Harlow Hospital Group were introduced to some aspects of nursing outside hospital.

The health visitors were invited to contribute information for the Study of the Structure of Family Problems in New Towns sponsored by the Harlow Family Guidance Unit. The Superintendent Health Visitor and some members of staff were also asked to help in planning and testing a questionnaire for use in a forthcoming survey by the Social Medicine Unit at Guy's Hospital, and Miss Roberts, the Superintendent, was engaged as an external examiner by the Royal College of Nursing and the Council for the Training of Health Visitors.

Home Nursing (Section 25)

There was little change in the pattern of work of the domiciliary nurses. Their attendances at the clinics increased by comparison with previous years and they treated more patients there. In domiciliary work the number of persons over 65 years old who received treatment was about the same as in 1965 but they needed more visits. On the other hand, there was a drop in the number of patients under the age of 65 who were attended by home nurses. More details are given in the statistical table on page 51.

One nurse resigned in December in order to begin training as a midwife. Another nurse attended a one week refresher course in London.

As from 1st July, general practitioners were able to prescribe sterile dressing packs which the district nurses used on their patients.

Vaccination and Immunization (Section 26)

As in previous years, efforts were made to have the largest possible number of children and young adults protected against the most dangerous infectious diseases. Apart from a small number of immunizations given to children at school, all the others were undertaken by the general practitioners and the part played by the Area Health staff was to encourage the public to avail themselves of the facilities offered and to keep a record of these immunizations. Vaccination against tuberculosis with B.C.G. vaccine is dealt with under a separate heading. Statistics of vaccinations and immunizations are on page 53.

Prevention of Illness, Care and After-care (Section 28)

Cervical cytology was a new service introduced under Section 28 of the National Health Service Act in July. The laboratory which carries out the cytological examinations could at first accept only 50 smears a month and it was therefore possible to see only a limited number of women at the special clinic set up for the purpose. For this reason no large scale publicity was undertaken and the information about the availability of the service was conveyed to the public by the nursing staff of the department and, later on, by posters in the clinics. There was also some reference in the local press to the new cytology clinic. By the end of the year 146 smears had been taken; no positive cases were found.

There was no change in the provision of chiropody for the aged and the handicapped and the number of people treated was only slightly more than in the previous years. (For details see page 51).

During the year under review convalescence was arranged for 17 adults and five children and on the recommendation of the Chest Physician 106 persons were provided with free milk.

A major item of new equipment added to the range of various appliances issued on loan was an electrically controlled ripple bed, designed to prevent pressure sores in the patient who is bedfast and helpless. The cost of such equipment is high but amply compensated for by the improvement it makes in the comfort of seriously ill or handicapped patients and in the task of those looking after them. It is also one more example of the way in which the use of modern methods can enable the same number of nurses to care adequately for an increasing number of patients.

Home Help Service (Section 29)

The home help service continued to expand in step with the growth in population. At the end of the year there were 49 home-helps, four more than on 1st January, and 40,453 hours had been worked compared with 39,027 in 1965.

Details of the year's work given on page 52 show a fall in the number of maternity cases helped, but a further increase in the number of people over 65. Long-term help was provided for a small number of families who were motherless or contending with other serious difficulties which threatened the wellbeing of their children.

As in previous years a study-course was arranged for home-helps; this took the form of a weekly session at Harlow Technical College for a period of twelve weeks.

The Area Organizer was absent through sickness from January to April, and during this period the department was grateful for the supervision and generous assistance of the County Organizer, the late Miss G. Jenkins.

Schools and Pupils

At the end of 1966 there were 37 primary, 8 comprehensive and one special school. There were also special units in ordinary schools. An assessment unit in conjunction with the Mead Special School was opened late in 1965 and functioned normally throughout the year under review. At the close of the year the pupils in all the schools numbered 17,717 compared with 16,913 in the previous year.

Medical Inspections

The programme of medical inspections arranged for the year was carried out despite considerable staff difficulties. A full-time medical officer left in April and the one replacing her not only lacked experience but was also absent for a long time on sick leave. Several part-time medical officers were recruited to step into the breach but with the exception of the Divisional School Medical Officer there was nobody in the department qualified to examine and ascertain mentally handicapped children. Details of medical inspections are given on page 53.

Cleanliness Surveys

On the whole Harlow school children are clean and well cared for so that general routine cleanliness surveys are unnecessary and would be resented by both pupils and parents. In 1966 the number of children examined was 5,968, about one third of the school population, and of these only 49 were found to have head infestation. The school nurse visited the homes of these children and gave advice and assistance to the parents.

Defective Hearing

Selective audiometry was continued but because of staff changes and shortages this service could not be extended as had been hoped. Eighty children were examined and the results of the tests are shown on page 53.

Dental Service

The difficulty in recruiting dental officers continued and although it was possible to appoint an already retired dentist, his services proved to be unsatisfactory. Despite all the difficulties, over 13000 school children had dental inspections and nearly 2000 received treatment.

Child Guidance

During 1966 the Harlow and the West-Essex Child Guidance Services were integrated and a satellite clinic was opened in Loughton under the general supervision of Dr Gabriel the Medical Director of the Harlow Clinic. This extension of the service necessitated an increase in the establishment of educational psychologists with three based at Harlow and one assistant psychologist at Loughton. Unfortunately it was not possible to appoint additional psychiatric social workers so that those in Harlow had to carry a greater burden of work. In spite of this difficulty and a referral rate which was 30% higher than the year before, the waiting list was kept within reasonable bounds.

Enuresis Clinic

The large number of children needing treatment for enuresis required an increase in clinic sessions to three a fortnight. Despite this it was not possible to see all the children on the waiting list and by the end of the year 25 were still awaiting their turn to receive treatment. The electric buzzer continued to be used with some degree of success.

Prevention of Tuberculosis

B.C.G. vaccination was again offered during the summer term to all pupils aged 13 years and over. The parents of 77.3% (1,152) of these children consented to the procedure and details for individual schools are given on page 53.

In the infants schools a tuberculin test was offered to 1577 school entrants and parental consent was received in respect of 1274 giving an acceptance rate of 80.8%.

Five children whose tuberculin test was positive were placed under observation by the Chest Physician. In two other positive cases nothing abnormal was detected.

GENERAL DATA

Area (in acres)		6,313
Number of houses (mid-year)	19,875	(18,900)
Number of houses per acre (average mid-year) ...	3.1	(3.0)
Number of persons per acre (average mid-year) ...	10.9	(10.5)
Number of persons per house (average mid-year) ...	3.5	(3.5)
Ratable value (mid-year)	£3,707,640	(£3,402,915)
Product of a penny rate (financial year 1966/7) ...	£15,450	(£15,000)
The rate in the £ (financial year 1966/67)	13/-	(11/10)

POPULATION

Resident population (Registrar General's mid-year estimate)	68,740	(66,260)
Increase over the previous year	2,480	(2,720)
Increase due to excess of births over deaths	1,214	(1,213)
Balance due to inward migration	-1,266	(1,507)

BIRTHS

Live Births

	<i>Males</i>		<i>Females</i>	
Legitimate	731	(687)	682	(725)
Illegitimate	35	(31)	29	(34)
Total	766	(718)	711	(759)
Crude rate per 1,000 population ...	21.5		(22.3)	
*Adjusted rate per 1,000 population ...	15.9		(16.5)	
Rate per 1,000 population for England and Wales	17.7		(18.1)	

*Comparability factor 0.74

Illegitimate Live Births

Number registered	64	(65)
Rate per 100 live birth	4.3	(4.4)
Rate per 100 live births in England and Wales	7.9	(7.7)

Still Births

Legitimate	9	(10)
Illegitimate	—	(—)
Total	9	(10)
Rate per 1,000 live and still births ...	10.0	(10.0)
Rate per 1,000 live and still births in England and Wales	15.4	(15.8)

Total Births (Live and still)

Legitimate	740	(697)
Illegitimate	35	(31)
Total	775	(728)
	688	(730)
	29	(34)
	717	(764)

Cause and Place of Still Births

	<i>Hospital</i>	<i>Home</i>	<i>Total</i>
Congenital malformation of foetus	2 (2)	— (—)	2 (2)
Birth injury	2 (2)	— (—)	2 (2)
Diseases and conditions of pregnancy and childbirth	1 (4)	— (—)	1 (4)
Diseases of foetus and ill-defined causes	3 (5)	— (—)	3 (5)
Placental and cord conditions	6 (2)	1 (—)	7 (2)

Still Births according to Place of Booking and Delivery

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

Premature Infants (5½ lbs. in weight or under) — Place of Birth and Mortality

<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	8	55	3	1	—
Home	—	9	2	—	—

All infants who died in hospital were also born there.

DEATHS

						<i>Males</i>		<i>Females</i>	
All Ages	...	...	...	...	...	151	(152)	112	(112)
Crude rate per 1,000 population	...	...	...	...	...	3.8		(4.0)	
*Adjusted rate per 1,000 population	...	...	...	...	...	10.0		(10.5)	
Rate for England and Wales per 1,000 population	...	...	...	...	...	11.7		(11.5)	
*Comparability factor 2.64									
Infants under 1 year of age									
Legitimate	...	...	...	...	...	8	(16)	10	(7)
Illegitimate	...	...	...	...	...	—	(—)	2	(—)
Total	...	...	...	...	...	<u>8</u>	<u>(16)</u>	<u>12</u>	<u>(7)</u>
Legitimate infant mortality rate per 1,000 legitimate live births	...	...	...	...	...	12.7		(16.3)	
Legitimate infant mortality rate per 1,000 legitimate live births for England and Wales	...	...	...	...	...	†		(18.5)	
Illegitimate infant mortality rate per 1,000 illegitimate live births	...	...	...	...	...	31.2		(—)	
Illegitimate infant mortality rate per 1,000 illegitimate live births for England & Wales	...	...	...	...	...	†		(24.9)	
Total infant mortality rate per 1,000 live births	...	...	...	...	...	13.5		(15.6)	
Total infant mortality rate per 1,000 live births for England and Wales	...	...	...	...	...	19.0		(19.0)	
Neonatal Deaths (infants under 4 weeks of age)									
Legitimate	...	...	...	...	...	5	(9)	5	(4)
Illegitimate	...	...	...	...	...	—	(—)	2	(—)
Total	...	...	...	...	...	<u>5</u>	<u>(9)</u>	<u>7</u>	<u>(4)</u>
Neonatal mortality rate per 1,000 live births	...	...	...	...	...	8.1		(8.8)	
Neonatal mortality rate per 1,000 live births for England and Wales	...	...	...	...	...	12.9		(13.0)	
Early Neonatal Deaths (infants under 1 week of age)									
Legitimate	...	...	...	...	...	4	(8)	4	(3)
Illegitimate	...	...	...	...	...	—	(—)	2	(—)
Total	...	...	...	...	...	<u>4</u>	<u>(8)</u>	<u>6</u>	<u>(3)</u>
Early neonatal mortality rate per 1,000 live births	...	...	...	...	...	6.8		(7.4)	
Early neonatal mortality rate per 1,000 live births for England and Wales	...	...	...	...	...	11.1		(11.3)	

† Figures not available.

Perinatal Mortality (still births and deaths under 1 week combined)

Rate per 1,000 live and still births	16.7	(17.4)
Rate per 1,000 live and still births for England and Wales	26.3	(26.9)

Maternal Mortality

Maternal deaths (including abortion)	—	(—)
Maternal mortality rate per 1,000 live and still births	—	(—)
Maternal mortality rate per 1,000 live and still births for England and Wales	0.3	(0.2)

151 (125)	112 (112)	263 (264)	Total
— (—)	— (—)	— (—)	Homicides and operations of war
1 (1)	1 (1)	1 (1)	Suicide
4 (4)	4 (4)	4 (4)	All other accidents
8 (8)	8 (8)	8 (8)	Motor vehicle accidents
11 (14)	11 (13)	24 (27)	Other defined and ill-defined diseases
7 (7)	7 (7)	14 (14)	Congenital malformations
— (—)	— (—)	— (—)	Pregnancy, childbirth and abortion
1 (1)	1 (1)	1 (1)	Hypertension of pregnancy
2 (2)	2 (2)	2 (2)	Nephritis and nephrosis
1 (—)	1 (—)	1 (—)	Gastric, enteric and diarrhoea
2 (2)	2 (2)	2 (2)	Ulcer of stomach and duodenum
1 (1)	1 (1)	1 (1)	Other diseases of respiratory system
8 (10)	8 (10)	16 (12)	Bronchitis
6 (6)	6 (6)	12 (12)	Pneumonia
1 (—)	1 (—)	1 (—)	Influenza
4 (7)	4 (7)	4 (7)	Other circulatory disease
7 (8)	7 (8)	7 (8)	Other heart disease
— (—)	— (—)	— (—)	Hypertension with heart disease
38 (41)	38 (41)	76 (82)	Coronary disease, angina
8 (10)	8 (10)	16 (20)	Vascular lesions of nervous system
4 (4)	4 (4)	4 (4)	Leukaemia, myeloma
13 (11)	11 (10)	24 (21)	Other malignant and lymphatic neoplasms
— (—)	— (—)	— (—)	Malignant neoplasms, other
— (—)	— (—)	— (—)	Malignant neoplasms, breast
26 (23)	26 (23)	52 (46)	Malignant neoplasms, lung, bronchus
8 (7)	8 (7)	16 (14)	Malignant neoplasms, stomach
— (—)	— (—)	— (—)	Other infectious and parasitic diseases

CAUSES OF DEATH

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis, respiratory	— (—)	— (—)	— (—)
Tuberculosis, other	— (—)	— (—)	— (—)
Syphilitic disease	— (1)	1 (—)	1 (1)
Diphtheria	— (—)	— (—)	— (—)
Whooping cough	— (—)	— (—)	— (—)
Meningococcal infections	— (—)	— (—)	— (—)
Acute poliomyelitis	— (—)	— (—)	— (—)
Measles	— (—)	— (—)	— (—)
Other infective and parasitic diseases ...	— (1)	— (—)	— (1)
Malignant neoplasm, stomach	6 (3)	1 (—)	7 (3)
Malignant neoplasm, lung, bronchus ...	20 (15)	— (1)	20 (16)
Malignant neoplasm, breast	— (—)	5 (8)	5 (8)
Malignant neoplasm, uterus	— (—)	2 (3)	2 (3)
Other malignant and lymphatic neoplasms	17 (11)	11 (20)	28 (31)
Leukaemia, aleukaemia	4 (1)	— (—)	4 (1)
Diabetes	— (—)	— (1)	— (1)
Vascular lesions of nervous system ...	8 (10)	20 (16)	28 (26)
Coronary disease, angina	38 (41)	15 (20)	53 (61)
Hypertension with heart disease	— (—)	— (—)	— (—)
Other heart disease	7 (6)	7 (5)	14 (11)
Other circulatory disease	4 (7)	5 (2)	9 (9)
Influenza	— (—)	1 (—)	1 (—)
Pneumonia	5 (6)	6 (11)	11 (17)
Bronchitis	9 (10)	5 (2)	14 (12)
Other disease of respiratory system ...	1 (3)	1 (—)	2 (3)
Ulcer of stomach and duodenum	5 (2)	2 (—)	7 (2)
Gastritis, enteritis and diarrhoea	1 (—)	— (1)	1 (1)
Nephritis and nephrosis	2 (1)	3 (—)	5 (1)
Hyperplasia of prostate	1 (3)	— (—)	1 (3)
Pregnancy, childbirth and abortion ...	— (—)	— (—)	— (—)
Congenital malformations	3 (7)	7 (5)	10 (12)
Other defined and ill-defined diseases ...	11 (14)	13 (13)	24 (27)
Motor vehicle accidents	6 (4)	2 (1)	8 (5)
All other accidents	2 (1)	4 (—)	6 (1)
Suicides	1 (4)	1 (3)	2 (7)
Homicides and operations of war	— (1)	— (—)	— (1)
Total	151 (152)	112 (112)	263 (264)

AGE AND SEX DISTRIBUTION OF DEATHS

<i>Age</i>					<i>Males</i>		<i>Females</i>		<i>Total</i>	
Under 4 weeks	...	...	...	...	5	(9)	7	(4)	12	(13)
4 weeks and under 1 year	...	...	...	...	3	(7)	5	(3)	8	(10)
1 — 4 years	...	...	...	...	4	(4)	1	(2)	5	(6)
5 — 14 years	...	...	...	...	2	(1)	2	(—)	4	(1)
15 — 24 years	...	...	...	...	5	(2)	2	(1)	7	(3)
25 — 35 years	...	...	...	...	1	(2)	4	(3)	5	(5)
35 — 44 years	...	...	...	...	7	(9)	7	(11)	14	(20)
45 — 54 years	...	...	...	...	20	(19)	7	(7)	27	(26)
55 — 64 years	...	...	...	...	37	(23)	11	(12)	48	(35)
65 — 74 years	...	...	...	...	39	(39)	22	(24)	61	(63)
75 years and over	...	...	...	...	28	(37)	44	(45)	72	(82)
Total					151 (152)		112 (112)		263 (264)	

CAUSES OF DEATH OF INFANTS UNDER THE AGE OF ONE YEAR

	Under 1 day	1-7 days	Total under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year
Prematurity ...	2 (5)	3 (1)	5 (6)	- (-)	- (-)	- (-)	5 (6)	- (-)	- (-)	- (-)	- (-)	5 (6)
Congenital malformations ...	2 (-)	1 (2)	3 (2)	- (1)	1 (-)	1 (-)	5 (3)	- (5)	1 (-)	1 (1)	- (-)	7 (9)
Birth injuries ...	- (-)	- (1)	- (1)	- (-)	- (-)	- (-)	- (1)	1 (-)	- (-)	- (-)	- (-)	1 (1)
Broncho-pneumonia ...	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	2 (1)	- (-)	1 (-)	1 (-)	4 (1)
Atelectasis ...	1 (-)	- (1)	1 (1)	- (-)	- (-)	- (-)	1 (1)	- (-)	- (-)	- (-)	- (-)	1 (1)
Other ...	1 (1)	- (1)	1 (2)	- (-)	- (-)	- (-)	1 (2)	1 (-)	- (3)	- (-)	- (-)	2 (5)
Total ...	6 (6)	4 (6)	10 (12)	- (1)	1 (-)	1 (-)	12 (13)	4 (6)	1 (3)	2 (1)	1 (-)	20 (23)

COMMUNICABLE DISEASES (other than tuberculosis)

Notifications according to age group

	Age										Incidence rate per 10,000 population				
	0-	1-	2-	3-	4-	5-	10-	15-	25-	45-	65-	unknown	Total	Harlow	England & Wales
Scarlet Fever ...	-	-	2	6	13	38	4	-	1	-	-	-	64	9.3	4.4
Whooping cough ...	3	1	6	4	6	9	1	-	-	-	-	-	30	4.4	4.0
Measles ...	33	156	192	198	168	342	8	3	1	-	-	-	1,101	160.2	71.3
Dysentery ...	-	1	-	-	-	2	1	-	4	-	-	-	8	1.2	4.5
Acute pneumonia ...	-	-	1	-	-	2	1	1	-	1	-	-	6	0.9	1.7
Erysipelas ...	-	-	-	-	-	-	-	-	-	-	1	-	1	0.1	0.3
Food poisoning ...	-	1	2	-	-	2	3	2	3	1	1	-	15	2.2	0.9
Infectious hepatitis ...	-	-	1	-	-	7	3	9	5	1	-	-	26	3.8	*
Puerperal pyrexia ...	-	-	-	-	-	-	-	1	2	-	-	-	3	0.4	*
Encephalitis post infectious ...	-	-	-	-	-	-	-	-	1	-	-	-	1	0.1	0.02
Meningococcal infections	1	-	-	-	-	1	-	-	-	-	-	-	2	0.3	0.08

* Figures not available.

COMMUNICABLE DISEASES — TUBERCULOSIS

	<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 1.1.66	302 (284)	295 (277)	24 (22)	24 (23)	645 (606)
Number of cases added to the register during 1966:					
New cases	15 (16)	11 (10)	0 (2)	3 (2)	29 (30)
Inward transfers ...	10 (14)	8 (12)	1 (0)	0 (0)	19 (26)
Number of cases removed from the register during 1966:					
Deaths	2 (2)	— (—)	— (—)	— (—)	2* (2)
Outward transfers ...	10 (10)	7 (4)	1 (—)	— (1)	18 (15)
Patients cured ...	— (—)	— (—)	— (—)	— (—)	— (—)
Number of cases remaining on register on 31.12.66	315 (302)	307 (295)	24 (24)	27 (24)	673 (645)

* Both deaths from causes other than tuberculosis.

Incidence of new cases

	<i>Respiratory</i>		<i>Other</i>		<i>Total</i>
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	
(a) <i>According to age</i>					
Under 5 years	2 (—)	1 (—)	— (—)	— (1)	3 (1)
5 — 14 years	1 (6)	— (5)	— (—)	2 (—)	3 (11)
15 — 24 years	— (1)	1 (1)	— (—)	— (—)	1 (2)
25 — 44 years	5 (4)	3 (2)	— (1)	— (—)	8 (7)
45 — 64 years	7 (4)	4 (1)	— (1)	— (—)	11 (6)
65 and over	— (1)	2 (1)	— (—)	1 (1)	3 (3)

(b) *Rate per 1,000 population*

	<i>Respiratory</i>		<i>Other</i>	
Harlow	0.4	(0.4)	0.04	(0.06)
England and Wales ...	0.2	(0.3)	0.05	(0.05)

Mortality rate per 1000 population

	<i>Respiratory</i>		<i>Other</i>	
Harlow	—	(—)	—	(—)
England and Wales ...	0.04	(0.04)	0.006	(0.006)

MASS RADIOGRAPHY

Location of Unit

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Potter Street	226	301	527
Bush Fair	257	346	603
The High	915	1,566	2,481
Standard Telephones & Cables (Rectifier Div.) ...	426	269	695
Key Glassworks	745	82	827
	<hr/>	<hr/>	<hr/>
Total number X-rayed	2,569	2,564	5,133
	<hr/>	<hr/>	<hr/>
Requiring further investigation	22	21	43

Classification of attendances

General public	1,396	2,108	3,504
Organized groups	1,173	456	1,629

Pulmonary tuberculosis

Requiring immediate treatment	1	—	1
Requiring occasional clinic supervision	4	—	4
Presumed healed, no further action required ...	2	1	3

Abnormalities other than tuberculosis

Bronchial carcinoma	1	—	1
Sarcoidosis	1	—	1
Congenital abnormalities of heart and vessels ...	1	—	1
Acquired abnormalities of heart and vessels ...	4	8	12
Benign tumour of the lungs	—	1	1
Bronchiectasis	2	1	3
Bacterial and virus infections of the lungs ...	—	1	1
Other infections of the lungs	1	—	1
Pleural thickening or calcification — non T.B. ...	2	2	4
Pulmonary fibrosis — non T.B.	1	—	1

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

SANITARY CIRCUMSTANCES AND INSPECTIONS

Water

	<i>Gallons</i>
Water supplied unmeasured (domestic)	776 million
Water supplied by meter (trade)	408 million
Total consumption for year	1,184 million
Average supplied per day — domestic	2.12 million
— trade	1.11 million
— all purposes	3.24 million
Consumption per head per day — domestic	30.93
— trade	16.28
— all purposes	47.21

(The above figures were supplied by the Lee Valley Water Company)

The following samples of water were taken for examination:

	<i>Samples</i>		<i>Result</i>
	<i>Bacteriological</i>	<i>Chemical</i>	<i>Unsatisfactory</i>
Public Supply			
Public Health Dept.	8	—	—
Lee Valley Water Co.	188	4	—
Private Supplies			
4 private wells	5	3	4
Swimming and paddling pools			
10 swimming pools	44	—	—
3 paddling pools	4	—	3

All unsatisfactory results refer to bacteriological tests.

Sewage disposal other than through sewers

Cesspools, septic and chemical tanks	53
Chemical closets (emptied weekly by Harlow UDC)	10
Pail closets (emptied by occupier)	1
Pail closets (emptied by Harlow UDC)	2

Housing

(i) GENERAL

Number of houses as on 31.12.66	20,574
Houses owned — by local authority	1,093
— by Harlow Development Corporation	17,174
— privately	2,307
Complaints of housing defects	147

PERSONS EMPLOYED IN REGISTERED PREMISES, BY WORKPLACE

<i>Class of Workplace</i>	<i>Number of persons employed</i>
Offices	1,778
Retail shops	2,118
Wholesale shops, warehouses	343
Catering establishments open to public	333
Canteens	21
Fuel storage depots	19
Total	4,612
Total males	2,009
 females	2,603
Number of visits by inspectors to registered premises	828

CONTRAVENTIONS

<i>Section of Act.</i>	
4 Lack of cleanliness	36
5 Overcrowding	2
6 Inadequate temperature	87
7 Inadequate ventilation	26
8 Insufficient lighting	14
9 Defects in, or lack of, sanitary conveniences	12
10 Defects in, or lack of, washing facilities	17
12 Lack of clothing accommodation	6
13 Lack of sitting facilities	1
16 Defects in floors and passages	7
17 Inadequate fencing of exposed parts of machinery	2
24 Lack of first-aid equipment	73
50 Lack of information for employees	102
Total	383
Number of notices sent to occupiers of premises	188
Number of accidents notified to local authority under Section 48	17
Number of statutory notices served	—
Number of legal proceedings for contraventions of Act	1

Factories Act, 1961

Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by local authorities	5
Factories not included in above in which Section 7 is enforced by the local authority	145
Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises)	12
Inspections	56
Written notices	2
Referred to HM Inspector of Factories	2
Referred from HM Inspector of Factories	—

DEFECTS FOUND:

Unsuitable or defective sanitary accommodation	...	...	...	...	...	...	3
OTHER OFFENCES	...	...	...	...	...	...	2
OUTWORKERS (mainly engaged on work in connexion with wearing apparel)	...	...	...	...	...	...	228

Atmospheric Conditions

	<i>Air temperature (Fahrenheit)</i>			<i>Rainfall in inches</i>	<i>Smoke and sulphur dioxide in micrograms per cubic metre</i>	
	<i>A</i>	<i>B</i>	<i>C</i>		<i>Site: Town Hall</i>	
	<i>Mean Min.</i>	<i>Mean Max.</i>	<i>Mean of A & B</i>		<i>Smoke</i>	<i>SO₂</i>
January	30.4	40.9	35.6	1.01	56	161
February	38.4	48.2	43.3	2.49	27	119
March	34.3	53.2	43.7	1.01	31	140
April	36.3	54.5	45.4	2.94	23	116
May	41.3	63.7	52.5	1.69	15	88
June	50.0	72.2	63.6	3.03	12	81
July	49.8	66.8	58.3	3.44	9	59
August	48.5	70.2	59.3	2.85	18	61
September	48.5	66.7	57.6	1.48	30	79
October	45.2	59.4	52.3	3.22	32	102
November	36.0	47.4	41.7	1.70	53	138
December	35.0	47.8	41.4	9.71	48	146

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.

Food

TYPE AND NUMBER OF FOOD SHOPS AND OTHER FOOD PREMISES IN THE DISTRICT:

Grocers	...	...	...	...	...	...	...	...	...	35
Butchers	...	...	...	...	...	...	...	...	...	22
Fishmongers (including fish fryers)	...	...	...	...	...	...	...	...	...	12
Greengrocers	...	...	...	...	...	...	...	...	...	20
Sweets and confectionery	...	...	...	...	...	...	...	...	...	27
General food stores	...	...	...	...	...	...	...	...	...	13
Cafes and restaurants	...	...	...	...	...	...	...	...	...	22
Public houses	...	...	...	...	...	...	...	...	...	24
Off-licences	...	...	...	...	...	...	...	...	...	8
Halls, community centres and clubs	...	...	...	...	...	...	...	...	...	54
Factory and other industrial canteens	...	...	...	...	...	...	...	...	...	37
School canteens	...	...	...	...	...	...	...	...	...	36
Building site canteens	...	...	...	...	...	...	...	...	...	18
Food storage depots	...	...	...	...	...	...	...	...	...	5
Food factories	...	...	...	...	...	...	...	...	...	6
Bakehouses and bakers	...	...	...	...	...	...	...	...	...	11
Market stalls	...	...	...	...	...	...	...	...	...	14
Total	...	...	...	...	...	...	...	...	...	364

N.B. There are no egg pasteurization plants in this district. (Liquid Egg (Pasteurization) Regulations, 1963)

PREMISES REGISTERED UNDER SECTION 16 OF THE
FOOD AND DRUGS ACT, 1955

Storage and sale of ice cream	...	...	...	...	...	...	...	...	73
Preparation or manufacture of sausages or potted, pressed, pickled or preserved food	...	...	...	...	...	...	...	...	28

MILK SUPPLY

Number of dairies registered	...	...	...	...	...	...	...	...	5
Number of inspections carried out	...	...	...	...	...	...	...	...	28
Licences issued under Milk (Special Designation) Regulations, 1960 and 1963:									
Pasteurized	...	...	...	...	...	...	...	...	31
Sterilized	...	...	...	...	...	...	...	...	23
Untreated	...	...	...	...	...	...	...	...	4
Ultra-heat treated	...	...	...	...	...	...	...	...	4
Number of premises from which milk was sold	...	...	...	...	...	...	...	...	32

Bacteriological Examinations of Food

MILK

				<i>Samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Pasteurized	...	...	...	38	36	2*
Sterilized	...	...	...	23	23	—
Pasteurized Channel Island	...	...	...	3	3	—

* Failed to pass the methylene blue test

ICE-CREAM AND ICE LOLLY

					<i>Samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Ice-cream	...	...	...	...	99	Grade I 61 Grade II 21	Grade III 13 Grade IV 4
Ice lolly	...	...	...	...	1	1	

COOKED MEAT AND MEAT PRODUCTS

					<i>Samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Brawn	...	...	...	...	3	1	2
Brisket	...	...	...	...	1	—	1
Cooked shoulder of bacon	...	...	...	...	2	1	1
Corned beef	...	...	...	...	5	3	2
Ham	...	...	...	...	5	3	2
Jellied veal	...	...	...	...	8	5	3
Luncheon meat	...	...	...	...	16	12	4
Haslet	...	...	...	...	3	1	2
Pork	...	...	...	...	2	2	—
Other cooked meats	...	...	...	...	7	3	4
					<hr/> 52	<hr/> 31	<hr/> 21

MISCELLANEOUS

	<i>Samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Fresh cream	6	6	—
Sterilized cream	3	3	—
Artificial cream-filled cakes	4	3	1
Dairy cream-filled cakes	7	6	1
Cream cheese	4	3	1
Salads	7	6	1
Potato cakes	2	1	1
Shellfish	7	6	1
Fish cakes	4	4	—
Other foods	8	6	2

Chemical Analysis of Food and Drugs

<i>Articles submitted for analysis</i>	<i>Number of samples</i>			<i>Samples adulterated or otherwise irregular</i>		
	<i>Formal</i>	<i>Informal</i>	<i>Total</i>	<i>Formal</i>	<i>Informal</i>	<i>Total</i>
Meat and meat products	10	13	23	—	2	2
Milk and milk products	8	3	11	1	—	1
Ice-cream	5	1	6	—	—	—
Soft drinks	4	10	14	—	1	1
Wines and spirits	13	—	13	—	—	—
Other foods	9	30	39	—	4	4
Medicines and drugs	26	20	46	—	—	—
	<u>75</u>	<u>77</u>	<u>152</u>	<u>1</u>	<u>7</u>	<u>8</u>

UNSATISFACTORY SAMPLES

<i>Article</i>	<i>Adulteration</i>	<i>Comments</i>
Milk (2 glasses)	Contained 1% added water	Adulteration insufficient to justify legal proceedings.
Half-pint bottle of orange crush	Contained brownish mould growth	Legal proceedings taken against dairy which manufactured product.
Peanut butter	Contained two glass fragments	Written warning to manufacturer. Evidence inadequate to support legal proceedings.
Pork and chicken sausages	Contained only 60% of meat	No legal standard. Public Analyst's opinion that they should contain at least 65% of meat. No action possible.
Pork luncheon meat	Meat had an objectional "cat-like" smell	Bacteriological examination showed no evidence of putrefaction. Further sample examined but found satisfactory.

Sultana cake	Musty odour and strong unpleasant taste	Excess flavouring essence was probable cause of complaint. Written warning to manufacturer.
Tea cake	Contained short length of vegetable stalk	Warning given to manufacturer.
Piece of water melon	Intensely bitter taste	Water melons from some parts of the world are known for their bitter taste. No action possible.

LEGAL PROCEEDINGS

<i>Law Contravened</i>	<i>Offence</i>	<i>Result</i>	
		<i>Fine</i>	<i>Costs</i>
Food & Drugs Act, 1955, Section 2	Selling a sausage containing a metal staple	£10	5 gns
	Selling a loaf containing a fragment of glass	£20	5 gns
	Selling a sliced loaf containing a piece of rag	£20	2 gns
	Selling a sliced loaf containing a fragment of metal	£10	5 gns
	Selling a mouldy blackcurrant tart	£20	10 gns.
	Selling a mouldy steak and kidney pie	£5	5 gns
	Selling a mouldy apple strudel	Absolute discharge	5 gns
	Selling mouldy shredded wheat	£25	5 gns
	Selling a bottle of orange crush containing mould	£30	£6.5.0.

SUMMARY OF LEGAL PROCEEDINGS

Prosecutions ordered by Council	9
Cases heard in Magistrates' Court	9
Cases remaining to be dealt with on 31.12.66	—

Rodent Control (Prevention of Damage by Pests Act, 1949)

Complaints received	291
Properties inspected	597
Total number of inspections and reinspections	2,129
Properties found infested and treated by Public Health Department ...	383
Properties found infested and treated by occupier	—
No evidence of infestation	6
Contracts entered into	62
Sewer manholes baited	149

Summary of other work carried out by Public Health Inspectors

Inspections of food premises, including food shops, bake-houses, market stalls and mobile vans	...	...	...	...	...	...	...	1,476
Inspections of shops other than food shops	...	...	...	...	...	...	...	576
Inspections of premises in connexion with duties under the Petroleum (Consolidation) Act, 1928	...	...	...	...	...	...	...	158
Inspections of swimming pools	...	...	...	...	...	...	...	28
Inspections of schools — general	...	...	...	...	...	...	...	4
Inspections in connexion with refuse collection	...	...	...	...	...	...	...	63
Inspections of drainage	...	...	...	...	...	...	...	196
Visits in connexion with infectious diseases	...	...	...	...	...	...	...	327
Visits in connexion with caravans	...	...	...	...	...	...	...	18
Visits in connexion with complaints and nuisances (other than housing matters)	...	...	...	...	...	...	...	154
Visits in connexion with insects and pest infestations	...	...	...	...	...	...	...	473
Visits in connexion with smoke control areas	...	...	...	...	...	...	...	483
Visits in connexion with other duties under the Clean Air Act, 1956	...	...	...	...	...	...	...	455
Inspections of places of entertainment	...	...	...	...	...	...	...	43
Visits in connexion with water supplies	...	...	...	...	...	...	...	6
Sundry other visits	...	...	...	...	...	...	...	303
Complaints investigated and action taken	...	...	...	...	...	...	...	594
Intimation notices served ¹⁾	296
Statutory notices served	...	...	...	...	...	...	...	19

COUNTY COUNCIL HEALTH SERVICES

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

Mothercraft and Relaxation Classes

Sessions held	266
Number of women attending	218
Number of attendances	1,175

Child Welfare

Child welfare sessions (doctor in attendance)	612
Health visitors' consultative sessions	179
Total number of attendances by health visitors	791
Total number of child attendances	24,009

Midwifery

(a) Clinics — ante and post-natal

Attendances by midwives at GP clinics	723
Number of examinations carried out	7,878
Attendances by midwives at own clinics	465
Number of examinations carried out	2,774

(b) Domiciliary work

Number of confinements attended	
As midwives	442
As maternity nurses after early discharge	107
Administration of analgesics	
Gas and air or Trilene	399
Pethidine or similar compound	250

Health Visiting

(a) Clinics and schools

Sessions attended at child welfare clinics	1,007
Sessions attended at ante-natal and mothercraft clinics	331
Sessions attended at school clinics	146
Sessions attended at schools	752

(b) Domiciliary work

Persons visited during the year	
Children under 5 years	5,152
Persons aged 65 and over	79
Others	442
Number of visits during the year	
To children under 5 years	10,714
To persons aged 65 years and over	189
Others	858
Total effective visits	11,761
Total ineffective visits	3,220

(c) *Tests for phenylketonuria*

Number of tests at home or clinic	...	...	...	...	2,536
Special visits to homes to collect urine specimens	...	...	...	...	368

(d) *Tuberculosis visiting*

Chest clinic sessions attended	...	...	...	...	314
Households visited during the year	...	...	...	...	352
Total number of home visits	...	...	...	...	758

Home Nursing

(a) *Clinics*

Number of sessions attended	...	...	...	...	1,809
Number of new patients treated	...	...	...	...	3,628
Total attendances by patients	...	...	...	...	10,720

(b) *Domiciliary work*

Number of patients attended under 65 years of age	...	...	...	...	356
Number of patients attended aged 65 years and over	...	...	...	...	261
Number of visits to patients under 65 years of age	...	...	...	...	6,249
Number of visits to patients aged 65 years and over	...	...	...	...	12,612

Immunizations (other than BCG)

Smallpox	...	...	...	...	1,092
Revaccinations	...	...	...	...	131
Diphtheria/Pertussis/Tetanus	...	...	...	...	1,347
Booster doses	...	...	...	...	862
Diphtheria/Tetanus	...	...	...	...	51
Booster doses	...	...	...	...	933
Diphtheria	...	...	...	...	2
Booster doses	...	...	...	...	200
Tetanus	...	...	...	...	256
Booster doses	...	...	...	...	264
Poliomyelitis — Sabin oral vaccine	1,839
Booster doses	1,124

Chiropody

Total number of treatments	4,414
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At clinics

To physically handicapped	69
To aged over 65 years	2,869
To others	—

Total	2,938
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In old people's homes

...	189
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Domiciliary

To physically handicapped	66
To aged over 65 years	1,221
To others	—
Total	...	...	...	...	...	...	1,287

Patients being treated at end of year

Physically handicapped	...	...	...	...	...	...	21
Aged over 65 years	...	...	...	...	...	...	558
Others	...	...	...	...	...	...	—
Total	...	...	...	...	...	...	579

Home Help*Cases helped during year*

Persons aged 65 years and over	...	...	...	...	...	...	196
Maternity cases	...	...	...	...	...	...	82
Chronic sick under 65 years	...	...	...	...	...	...	39
Others under 65 years	...	...	...	...	...	...	78
Total	...	...	...	...	...	...	395

Hours of help given

To persons aged 65 years and over	...	...	...	...	...	...	24,811
To maternity cases	...	...	...	...	...	...	3,220
To chronic sick under 65 years	...	...	...	...	...	...	4,693
To others under 65 years	...	...	...	...	...	...	7,728
Total	...	...	...	...	...	...	40,452

Cases being helped at end of year

Persons aged 65 years and over	...	...	...	...	...	...	132
Maternity cases	...	...	...	...	...	...	4
Chronic sick under 65 years	...	...	...	...	...	...	16
Others under 65 years	...	...	...	...	...	...	14
Total	...	...	...	...	...	...	166

New cases during the year

Persons aged 65 and over	...	...	...	...	...	...	86
Maternity cases	...	...	...	...	...	...	76
Chronic sick under 65 years	...	...	...	...	...	...	22
Others under 65 years	...	...	...	...	...	...	64
Total	...	...	...	...	...	...	248

Number of staff examined by Assistant County Medical Officers

Entrants to County Council service	...	...	...	...	...	...	405
Teachers and entrants to teachers' training colleges	...	...	...	...	...	...	87

2. SCHOOL HEALTH SERVICE — EDUCATION ACT, 1944.

School medical examinations

Routine examinations	...	...	...	...	...	...	2,788
Special and re-examinations	...	...	...	...	...	...	2,006
Defects requiring observation	...	...	...	...	...	...	2,492
Defects requiring treatment	...	...	...	...	...	...	305

Audiometry

Referred for test	...	...	...	...	...	...	80
Tested	...	...	...	...	...	...	80
No defect found	...	...	...	...	...	...	42
Placed under observation	...	...	...	...	...	...	10
Treatment required	...	...	...	...	...	...	17
Awaiting result of further investigations	...	...	...	...	...	...	11

Speech therapy

New cases referred in 1966	...	...	...	...	...	...	44
Cases treated for the first time	...	...	...	...	...	...	46
New and old cases under treatment at end of year	...	...	...	...	...	...	122
Additional cases under treatment at end of year							
The Mead School	...	...	...	...	...	...	19
Training Centre	...	...	...	...	...	...	11

Prevention of tuberculosis

(i) Tuberculosis case finding in school entrants

Children to whom Heaf test was offered	...	...	...	...	...	...	1,577
Number who accepted	...	...	...	...	...	...	1,274
Number tested	...	...	...	...	...	...	1,106
Positive reactions	...	...	...	...	...	...	7
Significant findings on further investigation	...	...	...	...	...	...	5
No significant findings	...	...	...	...	...	...	2

(ii) BCG Vaccination

Children to whom vaccination was offered	...	...	...	...	...	...	1,490
Number who accepted	...	...	...	...	...	...	1,152
Number Heaf tested	...	...	...	...	...	...	1,038
Positive reactions	...	...	...	...	...	...	111
Negative reactions	...	...	...	...	...	...	877
Number vaccinated	...	...	...	...	...	...	855

