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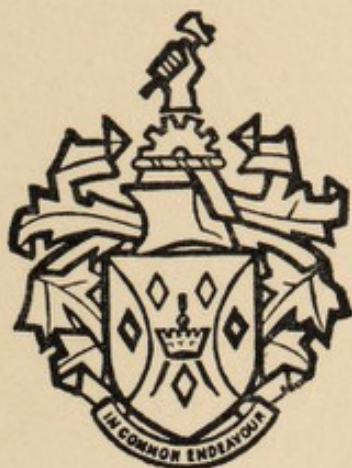
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THE
HEALTH OF HARLOW
IN THE YEAR
1967



THE HEALTH OF HARLOW in the year 1967

being the

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

Incorporating the Report of the Chief Public Health Inspector



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[illegible]

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting to you my report for the year 1967 which has been completed in accordance with instructions contained in Circular 1/68 of the Ministry of Health.

On the whole the health of the population of Harlow was very satisfactory. This is evident not only from the comparison of statistics of births and deaths with those for England and Wales, but also from the result of medical supervision of children from birth to the age of 15 years who constitute over 34% of the total population. Moreover, personal communications from general practitioners and the relatively low admission rate to hospital further confirm the generally good state of health of the residents of the town.

Nevertheless, I should like to draw attention to some unsatisfactory features. The number of deaths from lung cancer rose sharply and amounted to 11.6% of all deaths. Whilst this considerable increase in the year under review might have been fortuitous, the fact that the incidence per 10,000 population has been rising in the past 12 years should not be lost sight of. This trend in mortality is particularly regrettable because it is due to one of the relatively few forms of cancer which are preventable. However, it seems that in Harlow, as elsewhere, the population chooses to turn a deaf ear to all the warnings issued from time to time on the connexion between cigarette smoking and cancer of the lung and other diseases.

The crude birth rate has further declined appreciably and fewer babies were born in 1967 than in 1961 when the population was much smaller. The adjusted birth rate, which takes account of the age and sex structure of the residents of Harlow, has been below the national average for the past seven years and has now reached a new low level. What the long-term consequences to the community of continuing low reproduction might be is difficult to foresee; much will depend on the number, age and sex of the new residents who will come to settle here. If their influx remains as low as it has been during the last few years and the birth rate continues to decline, Harlow may in time change from a pram town to a bath-chair town.

Progress was made with the improvement area in Old Harlow where, with financial help from the Council, many of the substandard houses have been equipped with modern sanitary amenities.

On the personal health side, which is the responsibility of the Local Health Authority under Part III of the National Health Service Act, 1946, and of the Local Education Authority under the Education Act, 1944, further improvements have been achieved, details of which will be found in Section B of this report.

In compiling statistics, wherever possible or appropriate, I have as usual shown in parenthesis the relevant figures for the previous year. In some cases the names of diseases and causes of death have been changed to comply with the latest revision of the International Statistical Classification of Diseases, Injuries and Causes of Death published in 1967.

Before concluding I wish once again to express my thanks to all who helped me throughout the year and particularly to those who have contributed information for this report. I should also like to pay tribute to the late Councillor W. F. Hewett who died in 1967 when holding the office of Chairman of the Public Health Committee. His open mindedness and fairness were greatly appreciated and will be sorely missed.

I am, Mr Chairman, Ladies and Gentlemen,

Yours faithfully,

I. ASH, MD, DPH,

Medical Officer of Health.

Town Hall,

Harlow, Essex.

November, 1968.

**SECTION A — SERVICES PROVIDED BY HARLOW
URBAN DISTRICT COUNCIL**

PUBLIC HEALTH COMMITTEE

as on

31st December
1967

Chairman:

Councillor R. J. Kelly

Vice-Chairman

Councillor Mrs M. Bach

Members:

Councillor J. J. Davidson

Councillor Mrs A. J. Garner

Councillor G. N. Greenhill

Councillor R. J. Malster

Councillor Mrs H. A. Martin

Councillor Mrs E. I. V. Morris

Ex-Officio Members

Councillor W. G. Arnott

Chairman of the Council

Councillor D. R. Score

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†

Chief Public Health Inspector : H. L. HUGHES, DPA, FAPHI, MRSH, ^{1 2 3}

Deputy Chief Public Health Inspector : S. A. EADE, DMA, MAPHI, FRSH, ^{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 : R. GETHING

Chief Clerk : MISS A. E. A. ROTHWELL

Personal Administrative Assistant to Medical Officer of Health : MRS B. CRUICKSHANK

Clerk / Typists
MRS B. 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 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 have been no changes in either the administration or the staff of the Public Health Department.

Mr H. L. Hughes, Chief Public Health Inspector, returned from the United States of America in January after an intensive tour of the country. He had gone there to study food hygiene with the help of a Churchill Travelling Fellowship.

The following persons visited Harlow to observe the organisation of the health services in the town.

January Guy's Hospital General Practice Research Unit. (Mr M. Roach, ICT. Computers, Dr Coles, ICT Medical Research Unit, Mr Lawrence Sociologist).

March Eight representatives of Redditch New Town.
Dr. C. Hole, trainee assistant in general practice.

April Three DPH students from London School of Hygiene and Tropical Medicine for five days. Two doctors from Ceylon and one from Japan. Two senior students from St. Thomas's Hospital Medical School. Dr E. M. Barclay, Director General of the National Public Health Service in Liberia.

May Dr S. P. W. Chave and 12 DPH students from the London School of Hygiene and Tropical Medicine. Twenty-five doctors of the British Post-Graduate Medical Federation in Community Care.

June Col F. G. Neild, MRCS, LRCP, DPH, Headquarters Eastern Command. Dr D. C. Flattery and Dr K. E. Schopflin of London Borough of Tower Hamlets.

September Dr John Smart, Australia.

October Twenty doctors from the Japanese Public Health Association. Dr S. P. W. Chave and twenty DPH students from the London School of Hygiene and Tropical Medicine.

December Eight students from the North East Metropolitan Regional Hospital Board Staff Training College.

COMMENTS ON VITAL STATISTICS

Population

The population of Harlow continued to grow at a very slow rate and at mid-year was 71,370. This represents an increase of 2,630 over the previous year. The excess of births over deaths was responsible for 43.7% (1966: 48.9%) of the increase and inward migration for the balance i.e. 56.3% (1966: 51.1%).

Births

Despite the increase in population there were fewer live births in 1967 (1,444) than in the preceding year (1,477). Consequently the crude birth rate declined to 20.2 per 1,000 population (1966: 21.5). The drop in the crude rate was also reflected in the adjusted rate which for the year under review was 14.9 (1966: 15.9) compared with the rate for England and Wales of 17.2 (1966: 17.7).

Putting it another way, if the age and sex composition of the people of Harlow were the same as throughout the country, with the current reproduction rate, for every 100 live births in England and Wales there would be only 87 here (1966:90).

The scheme for notifying congenital anomalies at birth has continued since its introduction in 1964. Although the number of notifications has further increased it is by no means yet complete, partly because some of the conditions are not readily recognized immediately. Thus three infants died from congenital malformations within four weeks of birth without being previously notified. It is impossible to estimate how many non-fatal anomalies are not reported.

It is known that in 1967, 34 infants (15 male, 19 female) were born with anomalies of varying gravity. Two of these were stillborn, both due to anencephaly, and three died before reaching the age of one year. Of the latter one died within minutes from multiple malformations, another within two days from anencephaly, and the third at 5 months from meningitis and hydrocephaly.

The tables below show the type and number of congenital anomalies reported during the year.

<i>No. of infants</i>	<i>No. of anomalies in each</i>
1	4
3	2
30	1

<i>Nature or site of anomalies</i>	<i>No. of anomalies</i>
Anencephalus	3
Spina bifida	4
Hydrocephalus	1
Other anomalies of nervous system	1
Eye	2
Cleft palate and cleft lip	2
Digestive system	2
Genital organs	3
Urinary system	1
Club-foot	6
Other anomalies of limbs	5
Other anomalies of musculoskeletal system	3
Skin, hair and nails	6
Syndromes affecting multiple systems	1

The number of illegitimate live births was only slightly higher than in 1966 and the rate per 100 births at 4.6 (1966: 4.3) was nearly half the national rate (8.4).

For every 100 female infants born, whether legitimate or illegitimate, there were 105.4 (1966: 107.7) male infants.

During the year, 64 (1966: 72) infants weighing at birth $5\frac{1}{2}$ lbs. or less, i.e. technically premature, were notified to the department. Of these 10 (1966: 8) were stillborn and 6 died subsequently. Details are given on page 39.

Seventeen still births were registered in 1967 (1966: 15) and the rate per 1000 live and still births was 11.6 (1966: 10.0). This rate is appreciably lower than that for England and Wales (14.8). The table on page 39 shows the cause and place of still births.

The maternity department at Princess Alexandra Hospital was quite busy during the year since only 333 births, i.e. 22.8% of the total (1966: 442 births = 29.6%) took place at home. Of the 1,128 women confined in hospital 145 (12.8%) were discharged before the tenth day after delivery. In 1966 this figure was 107 equivalent to 7.1% of all hospital confinements.

Deaths

The number of deaths in the year under review was 293 and exceeded by 30 that for 1966. The crude death rate was 4.1 (1966: 3.8) which still remains a very low figure. The adjusted rate was 10.8 (1966: 11.0) compared with 11.2 for England and Wales. If the population of Harlow were similar in its composition to the average in the country and the Harlow mortality rate were applied to it, for every 100 persons dying in England and Wales 96 would be dying here. The table on page 43 shows the age and sex distribution of deaths in Harlow. It will be seen that 46.7% (1966: 50.5%) were in persons aged 65 years and over and 8.2% (1966: 7.6%) in infants under one year old. For every 100 female deaths there were 130.7 male deaths (1966: 134.8). Infant deaths numbered 24 (1966: 20) and of these 12 (1966: 6) lived less than 24 hours after birth and another four infants died within the first seven days of life. The infant mortality rate was 16.6 (1966: 13.5) per 100 live births compared with 18.3 in England and Wales. Amongst the dead infants the number of boys and girls was exactly the same. Severe congenital anomalies and anoxic and hypoxic conditions were the main causes of death.

The perinatal mortality rate which in 1966 was the lowest in the history of the town (16.7) rose to 20.0 but was still considerably lower than that for England and Wales (25.4).

The place of death of all the 293 persons deceased during the year is shown below:

In hospital	189 (1966: 166)
At home	98 (1966: 91)
At work	1 (1966: 4)
On the road	5 (1966: 2)

The causes of death are shown in a table on page 42. As in previous years cancers, including leukaemia, were the principal diseases accounting for 30.4% (1966: 25.1%) of all deaths. Cancer of the lungs claimed 34 victims compared with 20 in 1966.

Deaths from coronary disease and angina numbered 57 (1966: 53) and amounted to 19.4% of all deaths (1966: 20.1%).

There were two deaths by suicide (1966: 2), one in a male aged 29 years, the other in a female 45 years old. Both were due to acute barbiturate poisoning.

Three persons died as a result of accidents as shown below:

<i>Age</i>	<i>Sex</i>	<i>Nature of accident</i>
88	M	Died under general anaesthesia
48	F	Accidental poisoning
5	M	Died under general anaesthesia

One death through homicide concerns a "battered baby". The girl, one year old, died of brain haemorrhage due to fractured skull. She also had healed fractures of 11 ribs. The twin sister was X-rayed and she too showed evidence of old fractures of the skull and of three ribs. The health visitor had visited the family and the children had also been taken to the clinic. No suspicion of ill treatment had been aroused at any time. The parents of the children were tried and the mother, having pleaded guilty to manslaughter, was given three years probation; the father was found not guilty.

Six persons died as a result of motor vehicle accidents (1966: 8).

Fifty-five (1966: 60) deaths were reported to the Coroner in the following circumstances:

<i>Reason</i>	<i>Reported by hospital</i>	<i>Reported by G.P.</i>
Sudden death	25 (1966: 20)	18 (1966: 18)
Accidental or violent death	10 (1966: 14)	— (—)
Suicide	— (1966: 1)	2 (1966: 1)

It is satisfying to report that the residents of Harlow did not suffer from any outbreaks of serious communicable diseases. The incidence of all such diseases was 19.6 per 1,000 population (1966: 18.3).

There were rather more cases of dysentery than in 1966 but this may reflect a better notification rate rather than a higher prevalence of the disease. The same applies to whooping cough of which 73 cases were reported compared with 30 in the previous year. Both diseases are nowadays very mild and many cases do not even come to the attention of general practitioners and are therefore not notified.

The increase in the incidence of infectious hepatitis from 26 cases in 1966 to 48 cases in 1967 is consistent with the general trend of this infection in the country.

Only three cases of food poisoning were reported during the year (1966: 15). Of these two were due to *S. typhimurium* and one to *S. stanley*.

Tuberculosis

During the year here reviewed, 26 new cases of tuberculosis (21 pulmonary, 5 other) were added to the register. Of these eight were in children under 15 years of age who on Heaf testing gave a strongly positive reaction and were put on anti-tuberculosis drugs.

The Mass Radiography Unit 6A of the N.E. Metropolitan Hospital Board paid its annual visit to Harlow in June and in the course of it X-rayed nearly 13,000 persons (see page 48 for details). Seven were found to be suffering from pulmonary tuberculosis requiring immediate attention and are included in the total number mentioned above.

The incidence rate of new cases was 0.3 per 1,000 population for respiratory tuberculosis (1966: 0.4) and 0.06 for other forms of the disease (1966: 0.04). These figures are similar to those for England and Wales as a whole (see table on page 45).

Problem Families

During 1967 the Committee for the Co-ordination of the Prevention of Break-up of Families continued to meet monthly. A further three families were added to the 19 families under the Committee's surveillance, but the circumstances of two families improved to such an extent that they no longer required supervision. One family moved from the area.

Care of Old People

The annual old age pensioners' holiday in Margate was once again enjoyed by 300 old people. There was only one mishap when an old lady fell down some steps necessitating hospital treatment and an early return home for her

and her husband. The demand for holidays was greater than ever and 447 applications were received as against 367 in 1966. Preference was given to those who had never had a Council holiday before.

During 1967 a further eight voluntary housing wardens were appointed by the Council as well as an organiser, bringing the total number of wardens to 23.

Seven hundred and sixty-four persons over the age of 65 years received chiropody under the County Council scheme.

Medical Examination of Council Staff

One hundred and three persons were medically examined and 66 were medically assessed in connexion with their employment by the Harlow Council. Only one was found to be unfit and three others were referred for further examination after a period of twelve months. Two persons were medically examined at the request of other authorities.

During the latter part of the year a method of medical assessment was introduced which obviated the necessity for full medical examination in most instances. All applicants for employment with the Council were asked to complete a medical questionnaire and on the basis of this it was found that very few persons required a full medical examination. This method greatly reduced the number of examinations required to be carried out by medical officers of the department or by the Industrial Health Service.

Health Education

The persistence of personal habits which endanger health is a continuing challenge to any health department. Even in a community with high standards of general education, medical care, housing and environmental hygiene, the health of the people still depends largely upon individual behaviour. Health education is a means not only of transmitting knowledge about modern health hazards, but also of persuading and helping people to avoid them.

Methods of health education vary, from the exhibition of poster information, through lectures, films and discussion groups, to the advice and guidance offered to families in their own homes. Each method is of value in itself, but all are more effective when they combine to reinforce a particular theme; the spreading of information alone makes only a limited impact unless people are stimulated to apply what is taught in their daily living. As in any campaign the choice of priority targets is important.

The following summary of health education work undertaken by the staff of the Public Health Department and the Harlow Health Area during 1967 indicates the emphasis placed on teaching children and those responsible for their care and upbringing, in the belief that lasting habits are formed principally within the family and at school.

The public health inspectors gave a number of talks in schools and at the Technical College, and took part, with the staff of the Area Health Department, in training courses for home helps and assistants in the school meals service. Other groups which invited them to speak included the Harlow Consumer Group, Harlow

Business and Professional Women's Club, Mark Hall Community Association and the Galaxy Young Wives Club. The main focus of attention was food hygiene, with advice on precautions against contamination in domestic kitchens and catering establishments, and explanation of the work of the Public Health Department in supervising food handling in shops and restaurants.

Mothercraft classes, embracing a wide range of basic health topics as well as preparation for childbirth, continued throughout the year in the clinics, and health visitors began weekly post-natal classes in the maternity unit, Princess Alexandra Hospital.

Direct work by area health staff in schools was still limited by shortages of personnel; however, a number of teachers and pupils received assistance or advice in connexion with their own health-teaching projects. Several schools arranged for their senior girls to visit the clinic centres where they could observe child development and health care under the guidance of the health visitors or nursery nurse.

As always, health education with specific groups was merely the tip of the iceberg; beneath the surface was the daily teaching in homes and clinics by medical officers, public health inspectors and all nursing staff, related to the needs and circumstances of individuals and families.

SANITARY CIRCUMSTANCES AND INSPECTION

The Report of the Chief Public Health Inspector

Water Supply

The water supply was satisfactory both in quantity and quality.

Regular routine bacteriological sampling was carried out by the Lee Valley Water Company and additional samples were taken by the Public Health Department. All the samples but one were good and the water proved to be of high quality. The one unsatisfactory sample was due to a heavy deposit of iron hydroxide in a terminal section of the distribution system. This was remedied by a minor alteration to the mains.

Faults do occur sometimes in the distribution system and on one occasion in 1967 a considerable part of the town was without water for several hours. Fortunately the cause of such breakdowns is traced fairly quickly by the water company, and the supply is resumed before the inconvenience to the consumers reaches intolerable limits.

The fluoride content of the water is around 0.2 p.p.m.

Swimming Pools

The number of swimming and paddling pools has remained the same as a year ago, i.e. 1 public and 9 school pools and 3 paddling pools. During the year 53 samples of water were taken from the swimming pools and of these 3 fell short of the acceptable standard. Thirteen samples were taken from the paddling pools with one unsatisfactory result. In the three unsatisfactory samples, all from school swimming pools, the free chlorine readings did not reach 1—2 parts per million which is the level required for breakpoint chlorination in use throughout the district. When it is considered, however, that neither the teaching staff nor the caretakers have been specially trained in the maintenance of swimming pool treatment plant and that in addition they find it difficult to devote for this purpose the necessary time and attention, the standards of hygiene achieved must be regarded as remarkably satisfactory.

Housing

Unlike most towns, Harlow has little in the way of housing problems, although the volume of complaints about defects does gradually increase as the years go by and the housing areas age.

The complaints received during the year under review covered the usual wide variety of subjects but the bulk continued to concern condensation and dampness with drainage problems running a good second on the list.

Reference was made in the last report to the condemnation of Parndon Mill Cottages. During the year the demolition orders were carried out and the site is now an open space.

Work on the improvement area in Bury Road continued. Those owners who had given undertakings to improve their properties commenced work on them and a number were completed in 1967. It is anticipated that all the others will be finished during 1968. One elderly owner, however, did not give an undertaking to improve his 11 houses as he felt that he did not wish to take on such a task. Following considerable negotiation the Council acquired 10 of the properties and will be carrying out the required improvements in due course. The eleventh property was improved by work carried out in default by the Public Health Department and paid for by the owner.

Apart from the improvement area, three discretionary grants and seven standard grants were made to individual applicants.

Atmospheric Pollution

The Council's clean air programme was completed in 1964 and the whole of the residential area of Harlow is covered by smoke control orders. However, whilst the town is largely free from domestic smoke, some problems still remain. It is inevitable that with a wide variety of factories in the industrial area difficulties should arise from time to time in connexion with the emission of fumes and odours. There are a few factories on the Templefields Estate which cause regular offences of this nature ; their prevention can present great difficulties, as new or experimental processes may be involved, or there can be purely accidental spillage of malodorous chemicals. Instances of this nature cannot be entirely avoided in factories which constantly deal with chemical products. All complaints are, however, investigated and efforts made to prevent further nuisance. The management are in most instances co-operative and anxious not to give offence to their neighbours.

The nuisance from low level emission of smoke and fumes from one of the larger factories on the Templefields Estate continued. An attempt over recent years to remedy the situation by erecting a series of chimneys of a new type has been a failure, and these chimneys have been dismantled. The management are now considering a system of fume dispersal by another type of chimney. It is hoped that this will provide a final and satisfactory answer to this particular problem.

One other aspect of atmospheric pollution should be mentioned. Each year at the end of August and in September, palls of smoke drift over the town from the burning of stubble and straw on the arable land which surrounds Harlow. Considerable time and money has been spent on smoke control orders to control domestic smoke and on supervision of industrial premises to suppress industrial smoke. It is, therefore, quite illogical that each year this severe pollution of the atmosphere caused by agricultural activity should continue without protest. There must surely be some other way to deal with stubble and surplus straw without causing nuisance by burning.

Food and Food Inspection

Milk

The total milk supply to the area continued to be heat treated and was satisfactory from the point of view of safety. Two new products made their appearance during the year. One was ultra-heat-treated milk which was available in several shops throughout the area. This milk is subjected to heat of at least

270°F. for a period of one second which virtually sterilizes it without imparting the caramelized colour and taste of the usual sterilized milk. Ultra-heat-treated milk has a shelf life of many weeks but it will slowly become less palatable over a period of time and the deterioration in taste is hastened if the milk is stored at atmospheric temperature rather than in a refrigerator. Although rather expensive when compared with normal pasteurized milk, this product will be very useful either as a reserve supply or in circumstances where it is not possible to obtain fresh milk daily. From the public health point of view it is entirely safe and satisfactory.

The second new item is normal pasteurized milk packed in two gallon plastic containers for use in catering establishments. There the container is placed directly into a milk dispenser and the piped outlet of the pack is connected to the draw-off valve of the dispenser. This is an admirable and hygienic way of dispensing milk in catering premises but instances have occurred where the management have failed to realize that the milk does not have a longer keeping life than the normal pasteurized milk which is supplied in bottles and that it must therefore be served to customers relatively quickly.

Only three of a total of 105 samples of milk taken during the year failed to pass the appropriate test and the unsatisfactory samples arose from mishandling of milk in catering premises.

Ice-Cream

A total of 79 samples of ice-cream and ice lollies were examined during the year and of these 12 were unsatisfactory. This proportion of unsatisfactory samples is approximately the same as in the previous year and concerns loose ice-cream from cafes and soft ice-cream from vehicles. It should again be made clear that unsatisfactory samples do not necessarily mean unsafe or dangerous ice-cream. They are merely an indication that there is a fault in the method of handling which has allowed some bacterial growth, and that attention is required to improve the technique of storage and sale of the product. There is some evidence that the popularity of soft ice-cream is beginning to decline as the public returns to the original hard frozen ice-cream which is now produced in much greater variety.

Analysis of Food and Drugs

During the year here reviewed 204 samples were submitted to the Public Analyst for examination; this figure includes 53 samples of various drugs. The number of unsatisfactory results was again low and indeed most of the bad samples were examined as a result of complaints relating to food which was off flavour or contained extraneous material.

The number of statutory standards which govern the composition of food increases continuously. The year 1967 was notable for a spate of food regulations including a series of standards controlling the meat content of sausages, pies and other types of meat products and of all canned meat. These standards will apply from 1969 onwards. The time lapse is intended to give trade interests adequate warning of their new obligations and to enable them to make the necessary long-term arrangements. For many years now the meat content of certain foodstuffs has been the subject of acrimonious argument between traders and local authorities. The new standards are therefore to be welcomed because they aim at protecting the interests of the consumer.

Also produced during the year were new regulations on the labelling of virtually all pre-packed foodstuffs; they require that the label shall describe the ingredients in order of quantity. The intention is that shoppers should have a clear indication of what is being sold to them which, with the modern trend towards self-service, is essential.

Inspection of Food Premises

The routine inspection of food premises continued. The year was notable for the introduction of a new aid known as the agaroid sausage technique. This consists of a sausage-shaped bacterial culture medium, slices of which are pressed against the surface of equipment and utensils and then incubated at blood temperature to grow any organisms which may thus be picked up. A survey spread over a wide cross-section of the catering industry in Harlow showed that the washing-up of crockery and cutlery was generally good, but the washing of pans and the cleaning of food preparation surfaces frequently left room for considerable improvement. It was perfectly obvious that the best results were obtained when cleansing was carried out either by a hot rinse (over 170°F) or by chemical means i.e. by the use of a hypochlorite or a similar disinfectant. Although surveys of this type coupled with regular inspections will do a great deal to improve the hygiene in food premises, it will be ultimately the public demand for cleanliness in shops and catering establishments which will determine the standard achieved. If further progress is to be made the public will have to demand and support stronger legislation concerning food handlers and food premises. The following are obvious examples of improvements long overdue:—

1. There is at present no provision for the registration or approval of food premises by the public health authorities before such premises open their doors to the public. Anyone can operate a food business without approval and the public health inspector has to go in after the shop is opened and then attempt to remedy any faults or breaches of the regulations.
2. The existing food laws allow highly perishable and easily contaminated foods to be displayed for sale at atmospheric temperature. It is essential that such foods be protected by refrigeration if the growth of bacteria is to be prevented.
3. The Food Hygiene Regulations allow common-use towels for staff. Such towels can spread infection. The single-use paper towel or continuous roller towelling are the modern and hygienic methods and are readily available. The existing regulations do not require washing facilities to be provided for all customers who frequent public houses and restaurants.
4. It is dangerous for cooked meats and raw meats to be sold from the same premises where they may be handled and mixed indiscriminately. Certain food poisoning germs can be transferred from raw meat, which will be cooked before eating, to cooked meat which will receive no further heat sufficient to kill the germs. There are no regulations which insist on a proper technique to prevent such cross-contamination.
5. The Food Hygiene Regulations require food equipment to be properly cleansed and demand a sink, hot water, detergent and drying cloth. The legislation is totally inadequate. The phrase "properly cleansed" is ambiguous and has been the subject of endless legal wrangles in court. What is required is a clear definition of washing-up processes which should include a wash with a combined detergent and bactericidal agent or with a detergent followed by sterilization either by heat or a chemical disinfectant. The public

who use crockery and cutlery in public catering premises are entitled to no less than this.

It ought not be thought that the deficiencies outlined above are found in all food premises. Indeed most food traders are conscientious and use improved modern equipment and practices either on their own initiative or after request from a public health inspector. A minority, however, continue to refuse to adopt many desirable techniques and will obviously not do so until compelled by law.

Shops and Offices

The number of premises registered under the Offices, Shops and Railway Premises Act has increased to 482 with a total of 5,672 persons employed therein. Seven hundred and twenty-six inspections were made of these premises during the year, 228 being of a general nature. Approximately 50% of all premises, therefore, received a general inspection and this is in accordance with the policy to inspect all registered premises once every two years.

Notices concerning a total of 388 contraventions were sent during the year. Although this number appears high, a large proportion was concerned with cleansing and redecoration of existing amenities including sanitary and washing accommodation. Many others were concerned with failure to display an abstract of the Act or lack of provision of thermometers or adequate first-aid facilities. Instances of occupiers of premises who have failed to register under the Act are still being found in spite of all the publicity which has been given to the subject and the length of time which has elapsed since the coming into operation of the Act.

The matter of providing staff rooms for workers ought to be reconsidered. The existing legislation requires that a staff room be provided where the employees take meals on the premises but not necessarily in any other circumstances. There have been instances where employers faced with demands to redecorate or improve existing staff rooms have threatened to discontinue their use because they are aware that legally they are not bound to have them. There are also many other premises where, because no meals are eaten, no attempt has been made to provide a staff room of any sort. It is felt that such provision should be made obligatory where more than a specified number of persons are employed. A recommendation to this effect has been forwarded to the Minister of Labour in the statutory annual report required of the Council.

Eleven accidents were reported by employers during the year. The most common type is undoubtedly falls either on wet or slippery surfaces or whilst handling goods on high level shelving. Wounds caused by knives or sharp instruments of some sort are also common. Investigation of these accidents was carried out to ascertain the basic cause and to suggest improvements, where possible, to prevent repetition. Experience of such investigations showed that frequently the accidents were unavoidable. Any negligence involved tends to be on the part of the employees rather than any fault of the management.

Caravan Sites

There is only one small caravan holiday site situated off the Roydon Road. It is immaculately kept by the occupiers and presents no public health difficulties of any kind.

The problem of the provision of caravan sites for gypsies and other nomads has come into prominence in recent years. For many decades there have been traditional areas of employment for gypsies centred particularly in the fruit and vegetable growing areas and there have also been many odd corners of the country-side where gypsies could settle for a period of time while following their patterns of employment. Since the last war, however, the position has changed radically. Much of the summer casual work, such as pea and hop picking, has disappeared because of mechanization, and the continuing urbanization of the country-side has increased the pressure on the use of land with the result that many customary but unofficial camping sites used by nomads have been put to other use. More important still, the increased tempo and complexity of contemporary life has resulted in a less tolerant attitude to those who do not conform to the accepted pattern of life. Matters have been made more difficult by the fact that the gypsies have largely abandoned their national crafts and trades and have taken to the more mundane occupation of "general dealing" and the collection of scrap material which frequently results in litter and nuisance in the areas where they congregate.

All these circumstances have contributed to the lack of sympathy by the public towards the gypsies and they have been subjected to continual harassment and have fared badly in recent years. Gypsies and other nomads are in fact an anachronism in our modern society and there is no doubt that the problem of meeting their basic need, requires attention. In common humanity a way must be found of providing them with sites which will give them some sense of security and which may ultimately lead to their integration into society. In 1966 the Harlow Urban District Council agreed to find a piece of land within the town, although the actual responsibility for developing the site remained with the Essex County Council. Various plots are under consideration although at the time of writing no final selection has been made. Whichever area is finally chosen for the site it will be licensed by this Council under the Caravans and Sites Acts and will have to be provided with proper sanitary amenities. Every attention will eventually be given to prevent any nuisance arising on the site and in its vicinity.

Pest Control

The year 1967 was difficult as far as pest control was concerned. The Council's pest exterminator left in August and temporary help was obtained to keep a restricted service going until the appointment of a new man. Because it proved difficult to obtain a reliable and effective operator, the post was not filled for some time. Eventually, however, a competent person was appointed so that the full service could be resumed.

The essential nature of pest control is not generally realized. The war against rats and mice must be waged continuously and effectively if these pests are not to get out of hand.

The weather in 1967 favoured development of wasp colonies and a total of 220 complaints were received during the summer months. Although assistance was given as far as possible, the wasp destruction service did not reach the standard of previous years because of the staff difficulties mentioned above. It is anticipated that the department will be able to deal fully with complaints of this nature during the 1968 season.

SECTION B — SERVICES PROVIDED BY THE
COUNTY COUNCIL OF ESSEX

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, 1967, as follows:

Representing Harlow Urban District Council	...	...	...	...	Councillor R. J. Kelly (Chairman)
					Councillor Mrs M. Bach
					Councillor J. F. Beecher
					Councillor F. H. Carson
					Councillor D. F. Condon
					Councillor J. J. Davidson
					Councillor R. Karger
					Councillor R. J. Malster
					Councillor Mrs H. A. Martin
					Councillor Mrs E. I. V. Morris
					Councillor H. W. Morris
					Councillor E. Myers
Representing Essex County Council					Alderman O. L. Oxley
					Councillor M. D. Grafford
					Councillor D. Ll. Jones
					Councillor M. D. Juliff
					Councillor F. R. Prosser
					Councillor L. A. Welch
					Councillor D. V. Wilson
Representing Harlow Group Hospital Management Committee	...	...			Councillor Mrs S. Anderson
Representing National Health Service Executive Council for Essex	...	...	...	...	Mr A. C. Alen, MPS
Representing Local Medical Committee for Essex	...	...	...		Dr J. Meyrick
Representing Local Voluntary Organizations	...	...	...		Dr M. Long

STAFF OF THE AREA HEALTH OFFICE ON 31st DECEMBER, 1967

(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)
			Dorothy Donald, MB, BS, MRCS, LRCP (Part-time)
			Joyce M. Medley, MB, ChB (Part-time)
			Elizabeth Robertson, MB, ChB (Part-time)
			G. E. Thomas, MB, BS, DRCOG
Area Dental Officer	...	...	M. Ashar, LDS, RCS
Superintendent Health Visitor	...		Miss I. C. Roberts, SRN, SCM QN, HV Cert.
Health Visitors	...	...	11 Full-time (one engaged entirely on tuber- culosis work)
Clinic Nurses	...	...	1 Full-time 2 Part-time
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	...	...	48 Part-time
Senior Administrative Officer	...		H. S. Alleyne, DPA, ARSH
Administrative and Clerical Officers			13 Full-time 6 Part-time

Introduction

As usual this section is only brief, nevertheless, it is important because it paints a clear picture of all the public health services available in Harlow and of the way they are used by the population.

It is characteristic of the public health service that it attracts attention not through its efficiency but through occasional lapses which receive adverse criticism in the press. This is so in Harlow too, and it would therefore not be amiss to point here to some of the achievements of the service.

The numerous visitors, British and foreign, who come to Harlow every year do so not mainly to see the health centre premises but to learn how the services in them are organized. Furthermore, certain practices and procedures are advocated from time to time at various conferences and in important expert reports with the hope that they might be generally adopted in some distant future, and one cannot help feeling smug in the knowledge that in Harlow they have already been in use for some considerable time. It will suffice to mention in the next few paragraphs the more important ones.

In 1959 selective medical examination of school children was introduced on the recommendation of the Area Medical Officer/Divisional School Medical Officer who at that time was Assistant County Medical Officer in the Forest Health Area. It was only in his report for the years 1962 and 1963 that the Chief Medical Officer of the Department of Education and Science came down firmly in favour of selective examinations. At that time only about 50 local education authorities had adopted or were experimenting with this type of examination. In Essex discussions about the general introduction of selective examinations started towards the end of 1967, with the view to commencing the scheme in September 1968.

A special clinic for children who wet their beds was set up in November 1958. The use of the electric enuresis alarm was then still at an experimental stage and, to start with, two were obtained through the generosity of the Chamberlain Foundation. The clinic is now well established and the apparatus has since been provided by the County Council. It has proved to be very valuable in the treatment of this condition and many health and education authorities use it now for this purpose.

Ever since the inception of the National Health Service, which has split the medical profession and has created a tripartite system, there has been a constant cry for co-operation and integration. In Harlow, through the patient efforts of everybody concerned, the co-operation between the three branches of the health service is as good as the present administrative framework will allow it to be and is the envy of many other local authorities. General practitioners take part in the child health work of the local health authority and in turn receive the help of health visitors, home nurses and domiciliary midwives; all work under the same roof in the group practice/clinic centres. In the case of the hospital, medical officers of the County Council attend the paediatric department as honorary clinical assistants and the paediatricians reciprocate by offering their help and advice to the Area Medical Officer. Similarly, health visitors attend the paediatric and maternity departments and closely liaise with the hospital staff so that patients with problems receive the necessary home care immediately on discharge.

In the year under review two important reports were published, one on "The Early Detection and Treatment of Handicapping Defects of Young Children" by a

working group of the World Health Organization, the other on "Child Welfare Centres" by a Sub-Committee of the standing Medical Advisory Committee of the Ministry of Health under the chairmanship of Sir Wilfred Sheldon.

It was gratifying to note that many of the recommendations contained in the above reports had already been put into practice in Harlow. The system of case finding, assessment and follow-up of children born with an "at risk" factor is very similar to that described in the W.H.O. report.

Of the various recommendations made by the Sheldon Sub-Committee, the appointment system in child health clinics, the delegation of the task of immunizing children (other than small-pox vaccination) to a nurse under the general supervision of a doctor, the liaison with the maternity service, the "at risk" register and others are all part of the service already provided in Harlow. However, regretfully, it is necessary to point out that some of these methods are at present used only in one clinic where they were introduced as a pilot scheme. Their extension to all other clinics has so far not been possible because of financial stringencies.

In view of the ill-advised strong reaction on the part of some persons to the reduction in 1964 of the great variety of food-stuffs then on sale in clinics, the following opinion of the Sheldon Committee may be of interest. "The Sub-Committee considers that it need no longer be a function of the child health clinic to purvey National Dried Milk, proprietary infant foods and cereals. The actual sale of food and other preparations with the necessary book-keeping and collection of dues is certainly no part of the duties of the doctor or nursing staff. If a local health authority wishes to continue the sale of these commodities it is our view that it should be organized as a separate activity".

To conclude it must be mentioned that the progress in 1967 was made despite the serious shortage of medical staff. One medical officer resigned in July and another, Dr G. E. Thomas, was granted leave and financial assistance to take a full-time course extending over one academic year leading to the Diploma in Public Health. His services were not available from September onwards. Some of the duties in the Health Area/Education Division were undertaken by doctors working on a sessional basis, but the aggregate of hours of work which they could offer fell considerably short of the full-time equivalent provided by the establishment.

Care of Mothers and Young Children (Section 22)

The attendance of children at the Child Health Centres decreased slightly although the number of sessions with a doctor present remained the same (see table on page 57). This has enabled the doctors and health visitors to devote more time and attention to each child.

The new wing at Lister House was completed early in August and the local health authority services were transferred to it. On the whole the accommodation is more spacious and better suited for the work carried on there.

A new pilot scheme, referred to in the introduction, was started in this centre some seven months before the move to the new wing. Children are seen by appointment at regular intervals, i.e. every three months during the first year of life, at 18 months and then at approximately 12 months' intervals up to the age of 4½ years. The doctor examines all children on the first visit and then at 6 months, and the

health visitor sees them at 9 and 12 months. If considered necessary the health visitor refers any child she has seen to the doctor. In addition the health visitor is available at the clinic during fixed hours so that any mother needing advice can contact her. Children over a year old are seen by the doctor. A separate session for immunizations is held concurrently with the child health clinic. A nurse who works under the general direction of the doctor undertakes all immunizations except smallpox vaccinations.

Special sessions for children at risk of a handicapping condition have also been started at Lister House. They are conducted by a departmental medical officer specially trained in developmental testing and reports of his examinations are made available to the children's doctors. These sessions are held in conjunction with the "at risk" registration of infants which got well under way when a punch-card system of recording was brought into use. To help with the observation of these children a form for a rough developmental screening by health visitors was devised. This is carried out before the doctor sees the child and the result of screening is then available to him at the examination. It is hoped that this pilot scheme at Lister House will be extended to other child health clinics in due course.

The child development sessions at Sydenham House and Lister House continued but their medical supervision left much to be desired because of shortage of doctors in the department. The establishment of similar sessions in other centres was not possible because of financial stringencies.

The minding of children under 5 years old continued to be supervised. There were 16 child minders registered with the department for a maximum of 88 children. At the end of the year under review they were minding only 20 children. The 20 play groups authorized to admit 617 children had only 387.

Midwifery (Section 23)

As has already been mentioned on page 13 there were fewer births in 1967 than in the previous year and more of them took place in Princess Alexandra Hospital. The domiciliary midwifery services had therefore a meagre period which did in some way affect the morale of the staff. Despite the fact that the midwives were somewhat underemployed it was not possible to run down their numbers further because account had to be taken of absences on holiday, through sickness, on refresher courses, etc.

The Central Midwives Board prescribes that each pupil midwife should attend a minimum of 10 domiciliary births during her Part II training and the fall in the number of home confinements caused some concern. Nevertheless, during the year it was possible to accept 20 pupils for training.

Health Visiting (Section 24)

The work of the health visitors in Harlow continued to expand. The number of families under surveillance increased during the year as new residents arrived. Visits to children under five, and others, and attendances at child health clinics, increased significantly. Antenatal mothercraft classes continued in collaboration with the domiciliary midwives, as did the regular liaison with the staff of Princess Alexandra Hospital.

Two health visitors resigned during the year, one to take up a post as fieldwork instructor elsewhere in Essex and the other because her husband obtained employment in another county. One new appointment was made towards the end of the year, and two part-time clinic nurses were engaged for duties during school terms.

An increase in the demand for services without a corresponding increase in staff had a limiting effect upon the development of some activities. Group health-teaching in the clinics, for example, was still confined almost entirely to expectant mothers. It is undoubtedly right that they should take priority, and there were also opportunities during the year to extend mothercraft teaching to some older schoolgirls—the expectant mothers of tomorrow. Nevertheless, the value of this kind of health education was still under-exploited through lack of time which is essential for the preparation and organization involved.

Sometimes, however, pressure of work stimulates development, and the rearrangement of child health clinics at Lister House was an example of this. At this centre attendances were increasing so much that both medical and health visiting staff were able to offer only limited attention to many of the mothers and children. The problem was to devise a method of controlling attendances so that the children and mothers at any clinic session could all be offered adequate time for examination and consultation; and this had to be done without excluding any mother who felt urgent need for advice, and without the possibility of increasing the professional staff available.

The new appointment scheme was introduced and this has already been described on page 29. In the initial stages the health visitors spent more time than usual on clinic organization and on explanations which had to be given to a public unfamiliar with the new system. Administrative problems inevitably occurred, especially in connexion with the amount of clerical work involved. Before the end of the year, however, many of the difficulties had been overcome; crowding and waiting-time for mothers in the clinics was reduced; and, above all, the service offered was maintained at a high standard. This experiment illustrates how a break from traditional methods can improve effectiveness in one aspect of health visiting, so long as essential clerical and other assistance is available.

Home Nursing (Section 25)

Five whole-time and five part-time nurses were employed in carrying out home nursing duties during 1967. In most cases their services were requested by general practitioners, with whom they worked in close co-operation, or by the hospital.

An increasing proportion of the nurses' time was devoted to the care of patients suffering from the diseases associated with advancing age, and these patients usually require longer periods of nursing than younger persons suffering from acute illnesses. During the year 358 patients aged 65 years and over were attended necessitating 15,083 visits, compared with 12,612 visits made to 261 patients in the same age group during the previous year.

The number of patients aged under 65 years also showed a slight increase and 7,444 visits were made compared with 6,249 during 1966.

There were not many changes in the number of clinic sessions attended by the nurses but once again an increased number of patients were treated. More details are given in the statistical tables on page 58.

The Marie Curie Memorial Foundation continued to make money available for the provision of special nursing, extra nourishment and other needs of cancer patients in the terminal stages of their illness. Under this scheme arrangements were made for night sitting in appropriate cases to afford relief to relatives caring for bedfast patients in need of constant supervision. During the year 67 cases received help from this Fund.

Vaccination and Immunization (Section 26)

Most immunizations are carried out by general practitioners in their surgeries and only a small proportion is done in the child health clinics or schools.

For protection against diphtheria, whooping cough and tetanus a triple antigen is used in most cases, but single or other combined vaccines are also available. Children entering school are offered a "booster" dose against diphtheria and tetanus.

The number of children immunized against diphtheria during 1967 was 1,428 against 1,400 in 1966. A booster dose was given to 2,468 children which was 473 more than in the previous year.

All mothers with young children are advised to have their children vaccinated against smallpox and, as with the other immunizations, facilities are available through general practitioners or at the clinics.

A total of 967 persons were vaccinated for the first time in 1967 as against 1,092 persons in 1966, and there were 69 re-vaccinations compared with 131 in 1966.

Protection against poliomyelitis is available to all between six months and 40 years old. This is now given by means of oral vaccine, although the "Salk" vaccine, which is injected, is still available.

The total number of persons who completed a course of vaccination was 1,509 compared with 1,839 in 1966 and 1,402 booster doses were given (1,124 in 1966). Further details may be found on page 58.

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

The chiropody service continued to provide treatment for old age pensioners, handicapped persons and expectant mothers. During the year sessions were held at Chadwick House and Sydenham House and those patients who were unable to attend the clinics received treatment at home.

The demand for chiropody continued to grow and a total of 4,528 treatments were given compared with 4,414 in 1966. At the end of the year 722 patients were being treated against 579 at the end of 1966. Further details are given in the statistical tables on page 58.

The cervical cytology clinic which was opened in July 1966 attracted a steady flow of women and during the year 582 smears were taken. Of these two proved to be positive and the patients were referred to their general practitioners for further investigations.

During the year under review convalescence was arranged for 15 adults and 3 children, and on the recommendation of the Chest Physician 86 persons were provided with free milk.

Home nursing equipment continued to be available on loan free of charge, and many patients benefited from the provision of various nursing aids.

Early in the year discussions took place regarding the setting up of a special family planning clinic for women requiring contraception on medical grounds; the services given by the local health authority were to be free of charge. The Area Medical Officer advised against such a clinic because, in accordance with County policy, the methods of contraception available there would be very limited and, in any case, the relatively small number of potential patients would not justify the cost of running a special clinic. Instead he suggested that fees for women needing contraceptive advice and supplies on medical grounds be paid to the Family Planning Association who already had well established clinics in the town. However, the County Health Committee supported by the Area Health Sub-Committee did not accept this view and resolved to set up a special clinic in Harlow and for this purpose a departmental medical officer was sent to attend a family planning course.

The clinic was duly opened in July and all general practitioners and the hospital were informed about it. Their immediate reaction was to object to it very strongly on the grounds of its limited scope. They felt, quite rightly, that women for whom pregnancy may be a danger to health or even life required the most reliable contraceptive methods such as the pill or I.U.D. which were not available in this clinic because their use had not been approved by the County Health Committee. In the event, during the first six months of the existence of the clinic, not a single patient was seen there.

Home Help Service (Section 29)

The home help service continued to provide indispensable help to many of the acute and chronic sick as well as to the aged and infirm. A few hours of help a week may enable old persons to maintain their independence, and the availability of help is also a factor in earlier discharge from hospital, thus relieving the pressure on hospital beds and enabling the patients to be looked after in their normal environment. Furthermore, the combined use of district nurses, home helps and voluntary workers does much to help the chronically ill. It has been found possible in many cases to keep patients at home, when, without the help of the various services, they would have had to be admitted to hospital.

During the year under review there was a heavy demand from elderly people needing daily help and from motherless families requiring sustained support with additional help during the school holidays.

The total number of hours worked by the home helps increased from 40,452 in 1966 to 45,566 in 1967. The whole of the increase was due to the need of persons aged 65 years and over. The hours of help given to this group were 32,080, compared with 24,811 during the previous year.

Once again the number of maternity cases fell, with a consequent reduction in the number of hours of help provided.

Further details of the home help service are given in the statistical tables on page 59.

At the beginning of the year a training course for home helps was arranged in collaboration with the Harlow Technical College. As in previous years this course was held on one afternoon a week for 10 weeks and included such subjects as: invalids and the aged; nutrition and food values; the home help in the mental health field; safety in the home; food hygiene; invalid cooking, etc. This was followed in October by a purely practical course for those helps who had attended one of the earlier courses. This new course gave them the opportunity of putting into practice, under expert supervision, some of the ideas they had previously acquired.

The courses have proved exceptionally useful and have given the home helps who attended confidence to face the many problems that arise in their day to day work, and have enabled them to give a more efficient and economical service to those who needed it.

Schools and Pupils

One new primary school opened in 1967 making a total of 38 primary, 8 comprehensive and one special school. The number of school children at the end of the year was 18,343 compared with 17,717 in 1966.

Medical Inspections

Despite the shortage of medical staff, in addition to the routine examinations, visits were made by the medical officers each term to junior schools to follow-up and re-examine special cases. Details of medical examinations are given on page 60.

In April and May Dr Thomas attended a course to qualify him to ascertain educationally sub normal children bringing the total number of medical officers so qualified to three, including the Divisional School Medical Officer.

Cleanliness Surveys

During the year 4,104 children were examined in schools; of these only 40 were found to have head infestation. The appropriate action was taken by the school nurses.

Defective Hearing

Audiometry continued to be restricted because of lack of staff, but all children thought to have some hearing loss were given tests. One hundred and twenty-two children had audiograms for the first time and the results are shown on page 60.

Dental Service

One dental officer, Mr McGrath, left the service early in January so that at the commencement of the year under review there was only one school dentist, and it was necessary to close the clinic at Keats House. Mr Ashar, dental officer, was appointed as Area Dental Officer and the valuable part-time services of the Area Dental Officer for Mid-Essex were discontinued. Notwithstanding that efforts to recruit more staff were fruitless, 7,340 children were seen and 3,387 received treatment.

Child Guidance

Although child guidance is closely linked with the school health service, responsibility for it rests with the Divisional Education Officer. One educational psychologist was appointed during the year bringing the total working in Harlow to four. A social worker was paired with each psychologist in order to augment the school psychological service and new referrals were in the first instance handled by this team. This has resulted in a widening of the scope of the school psychological service. Exceptions were made, however, when the referral was of a purely medical nature and was therefore dealt with by the psychiatrist. There were no patients awaiting appointments at the end of the year.

Enuresis Clinic

Because of the shortage of staff one of the enuresis clinics had to be discontinued and the waiting list was closed as a temporary measure until some of the long standing cases had been dealt with. At the end of 1967 there were 49 children waiting to be seen for the first time.

Prevention of Tuberculosis

During the summer term BCG vaccination was again offered to all pupils aged 13 years and over as well as to those children who had previously missed

vaccination. Consent to vaccination was received from 82.4% of parents as compared with 77.3% in the previous year.

Tuberculin tests were also given to 1,536 school entrants; of these 23 were found to have a positive reaction but only two needed to be referred to the chest clinic.

In addition 245 children were given a skin test after the discovery of a case of active tuberculosis in a member of the staff of one of the schools. Four children were found to have a positive reaction and were referred to the Chest Physician. Details on page 60.

SECTION C — STATISTICS

(Figures in parenthesis refer to 1966)

GENERAL DATA

Area (in acres)	6,313	
Number of houses (mid-year)	20,724	(19,853)
Number of house per acre (average mid-year) ...	3.1	(3.1)
Number of persons per acre (average mid-year) ...	10.9	(10.9)
Number of persons per house (average mid-year) ...	3.5	(3.5)
Ratable value (mid-year)	£3,919,762	(£2,707,640)
Product of a penny rate (financial year 1967/8) ...	£16,560	(£15,450)
The rate in the £ (financial year 1967/68)	13/5	(13/-)

POPULATION

Resident population (Registrar General's mid-year estimate)	71,370	(68,740)
Increase over previous year	2,630	(2,480)
Increase due to excess of births over deaths	1,151	(1,214)
Balance due to inward migration	1,147	(1,266)

BIRTHS

Live Births

	Males		Females	
Legitimate	706	(731)	672	(682)
Illegitimate	35	(35)	31	(29)
Total	741	(766)	703	(711)
Crude rate per 1,000 population	20.2	(21.5)		
*Adjusted rate per 1,000 population	14.9	(15.9)		
Rate per 1,000 population for England and Wales	17.2	(17.7)		
Ratio of local adjusted birth rate to national rate	0.87	(0.90)		

*Area comparability factor 0.74

Illegitimate Live Births

Number registered	66	(64)
Rate per 100 live births	4.6	(4.3)
Rate per 100 live births in England and Wales	8.4	(7.9)

Still Births

	Males		Females	
Legitimate	10	(9)	7	(6)
Illegitimate	—	(—)	—	(—)
Total	10	(9)	7	(6)
Rate per 1,000 live and still births	11.6	(10.0)		
Rate per 1,000 live and still births in England and Wales	14.8	(15.4)		

Total Births (Live and still)

Legitimate	716	(740)	679	(688)
Illegitimate	35	(35)	31	(29)
Total	751	(775)	710	(717)

Still Births by Cause and Place of Confinement

					<i>Hospital</i>	<i>Home</i>	<i>Total</i>
Congenital anomalies	...	...	...	...	2 (2)	— (—)	2 (2)
Toxaemias of pregnancy	...	...	...	...	2 (1)	— (—)	2 (1)
Birth injuries	...	...	...	...	— (2)	— (—)	— (2)
Conditions of placenta	...	...	...	...	2 (6)	— (1)	2 (7)
Anoxic and hypoxic conditions	...	...	...	...	4 (3)	1 (—)	5 (3)
Immaturity	...	...	...	...	1 (—)	— (—)	1 (—)
Other conditions of foetus	...	...	...	...	2 (—)	3 (—)	5 (—)

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	5 (4)	2 (1)	3 (3)	2 (1)	2 (3)	— (—)	
Home	Home	— (—)	— (—)	1 (1)	— (—)	2 (—)	— (—)	
Home	Hospital	— (—)	— (—)	— (1)	— (—)	— (—)	— (—)	
	(transfer before labour)							
Home	Hospital	— (—)	— (—)	— (1)	— (—)	— (1)	— (—)	
	(transfer in labour)							

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	10 (8)	54 (55)	6 (3)	3 (1)	2 (—)
Home	— (—)	— (9)	— (2)	— (—)	— (—)

DEATHS

	<i>Males</i>	<i>Females</i>
All Ages	166 (151)	127 (112)
Crude rate per 1,000 population	4.1	(3.8)
*Adjusted rate per 1,000 population	10.8	(10.0)
Rate for England and Wales per 1,000 population	11.2	(11.7)
Ratio of local adjusted death rate to national rate	0.96	(0.95)
*Comparability factor 2.63		

Infants under 1 year of age

	<i>Males</i>	<i>Females</i>
	12 (8)	12 (10)
	— (—)	— (2)
	12 (8)	12 (12)
Total		
Legitimate infant mortality rate per 1,000 legitimate live births	17.4	(12.7)
Legitimate infant mortality rate per 1,000 legitimate live births for England and Wales	†	(18.6)
Illegitimate infant mortality rate per 1,000 illegitimate live births	0	(31.2)
Illegitimate infant mortality rate per 1,000 illegitimate live births for England and Wales	†	(24.5)
Total infant mortality rate per 1,000 live births	16.6	(13.5)
Total infant mortality rate per 1,000 live births for England and Wales	18.3	(19.0)

Neonatal Deaths (infants under 4 weeks of age)

	<i>Males</i>	<i>Females</i>
Legitimate	8 (5)	8 (5)
Illegitimate	— (—)	— (2)
	8 (5)	8 (7)
Total		
Neonatal mortality rate per 1,000 live births	11.1	(8.1)
Neonatal mortality rate per 1,000 live births for England and Wales	12.5	(12.9)

Early Neonatal Deaths (infants under 1 week of age)

	<i>Males</i>	<i>Females</i>
Legitimate	6 (4)	6 (4)
Illegitimate	— (—)	— (2)
	6 (4)	6 (6)
Total		
Early neonatal mortality rates per 1,000 live births	8.3	(6.8)
Early neonatal mortality rate per 1,000 live births for England and Wales	10.8	(11.1)

† Figures not available

Perinatal Mortality (still births and deaths

under 1 week combined)

Rate per 1,000 live and still births	20.0	(16.7)
Rate per 1,000 live and still births for England and Wales	25.4	(26.3)

Maternal Mortality

Maternal deaths (including abortion)	1	(—)
Maternal mortality rate per 1,000 live and still births	0.7	(—)
Maternity mortality rate per 1,000 live and still births for England and Wales	0.2	(0.3)

CAUSES OF DEATH

	<i>Males</i>		<i>Females</i>		<i>Total</i>	
Tuberculosis, respiratory	—	(—)	—	(—)	—	(—)
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	(6)	6	(1)	9	(7)
Malignant neoplasm, lung, bronchus ...	29	(20)	5	(—)	34	(20)
Malignant neoplasm, breast	—	(—)	9	(5)	9	(5)
Malignant neoplasm, uterus	—	(—)	6	(2)	6	(2)
Other malignant and lymphatic neoplasms	21	(17)	18	(11)	39	(28)
Leukaemia, aleukaemia	2	(4)	—	(—)	2	(4)
Diabetes	—	(—)	5	(—)	5	(—)
Vascular lesions of nervous system ...	15	(8)	12	(20)	27	(28)
Coronary disease, angina	36	(38)	21	(15)	57	(53)
Hypertension with heart disease	1	(—)	2	(—)	3	(—)
Other heart disease	11	(7)	6	(7)	17	(14)
Other circulatory disease	3	(4)	3	(5)	6	(9)
Influenza	—	(—)	—	(1)	—	(1)
Pneumonia	4	(5)	7	(6)	11	(11)
Bronchitis	14	(9)	4	(5)	18	(14)
Other diseases of respiratory tract	—	(1)	—	(1)	—	(2)
Ulcer of stomach and duodenum	1	(5)	—	(2)	1	(7)
Gastritis, enteritis and diarrhoea	—	(1)	2	(—)	2	(1)
Nephritis and nephrosis	—	(2)	—	(3)	—	(5)
Hyperplasia of prostate	—	(1)	—	(—)	—	(1)
Pregnancy, childbirth and abortion ...	—	(—)	1	(—)	1	(—)
Congenital malformations	4	(3)	2	(7)	6	(10)
Other defined and ill-defined diseases ...	13	(11)	14	(13)	27	(24)
Motor vehicle accidents	5	(6)	1	(2)	6	(8)
All other accidents	2	(2)	1	(4)	3	(6)
Suicides	1	(1)	1	(1)	2	(2)
Homicides and operations of war	—	(—)	1	(—)	1	(—)
Total	166	(151)	127	(112)	293	(263)

AGE AND SEX DISTRIBUTION OF DEATHS

<i>Age</i>					<i>Males</i>		<i>Females</i>		<i>Total</i>	
Under 4 weeks	...	...	...	...	8	(5)	8	(7)	16	(12)
4 weeks and under 1 year	...	...	...	...	4	(3)	4	(5)	8	(8)
1 — 4 years	...	...	...	...	2	(4)	2	(1)	4	(5)
5 — 14 years	...	...	...	...	3	(2)	2	(2)	5	(4)
15 — 24 years	...	...	...	...	5	(5)	—	(2)	5	(7)
25 — 35 years	...	...	...	...	3	(1)	3	(4)	6	(5)
36 — 44 years	...	...	...	...	8	(7)	8	(7)	16	(14)
45 — 54 years	...	...	...	...	20	(20)	15	(7)	35	(27)
55 — 64 years	...	...	...	...	38	(37)	23	(11)	61	(48)
65 — 74 years	...	...	...	...	32	(39)	19	(22)	51	(61)
75 years and over	...	...	...	...	43	(28)	43	(44)	86	(72)
Total					166 (151)		127 (112)		293 (263)	

COMMUNICABLE DISEASES (other than tuberculosis)

			0—	1—	2—	3—	4—	5—
Scarlet Fever ...	...	...	1 (—)	4 (—)	14 (2)	5 (6)	15 (13)	28 (38)
Whooping cough ...	...	...	7 (3)	4 (1)	15 (6)	10 (4)	8 (6)	26 (9)
Measles ...	...	...	35 (33)	173 (156)	175 (192)	193 (198)	182 (168)	370 (342)
Dysentery ...	...	...	1 (—)	5 (1)	3 (—)	3 (—)	3 (—)	11 (2)
Acute pneumonia ...	...	...	— (—)	— (—)	— (1)	— (—)	1 (—)	1 (2)
Erysipelas ...	...	...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Food poisoning ...	...	...	— (—)	— (1)	— (2)	— (—)	— (—)	— (2)
Infectious hepatitis	...	...	— (—)	— (—)	— (1)	1 (—)	3 (—)	23 (7)
Puerperal pyrexia	...	...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Encephalitis post infectious	...	...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Meningococcal infection ...	...	...	— (1)	— (—)	— (—)	— (—)	— (—)	— (1)

Notifications according to age group

										<i>Incidence rate per 10,000 population England & Harlow Wales</i>		
10—	15—	25—	45—	65—	<i>Total</i>							
5 (4)	5 (—)	— (1)	— (—)	— (—)	77	(64)	10.8	4.0				
1 (1)	1 (—)	1 (—)	— (—)	— (—)	73	(30)	10.2	6.3				
9 (8)	3 (3)	2 (1)	— (—)	— (—)	1142	(1101)	160.0	95.1				
4 (1)	1 (—)	13 (4)	— (—)	— (—)	44	(8)	6.2	4.5				
1 (1)	1 (1)	2 (—)	— (1)	— (—)	6	(6)	0.8	1.2				
— (—)	1 (—)	— (—)	— (—)	1 (1)	2	(1)	0.3	0.3				
— (3)	1 (2)	2 (3)	— (1)	— (1)	3	(15)	0.4	1.0				
6 (3)	7 (9)	8 (5)	— (1)	— (—)	48	(26)	6.7	*				
— (—)	5 (1)	1 (2)	— (—)	— (—)	6	(3)	0.8	*				
— (—)	— (—)	— (1)	— (—)	— (—)	—	(1)	0	0.02				
— (—)	— (—)	— (—)	— (—)	— (—)	—	(2)	0	0.06				

* Figures not available

CAUSES OF DEATH OF INFANTS UNDER THE AGE OF ONE YEAR

	<i>Under 1 day</i>	<i>1 — 7 days</i>	<i>Total under 1 week</i>	<i>1 — 2 weeks</i>	<i>2 — 3 weeks</i>	<i>3 — 4 weeks</i>	<i>Total under 1 month</i>	<i>1 — 3 months</i>	<i>3 — 6 months</i>	<i>6 — 9 months</i>	<i>9 — 12 months</i>	<i>Total under 1 year</i>
Immaturity ...	2 (2)	1 (3)	3 (5)	— (—)	1 (—)	— (—)	4 (5)	— (—)	— (—)	— (—)	— (—)	4 (5)
Congenital anomalies	1 (2)	2 (1)	3 (3)	2 (—)	— (1)	— (1)	5 (5)	— (—)	1 (1)	1 (1)	— (—)	7 (7)
Birth injuries	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)	— (—)	— (—)	— (—)	— (1)
Bronchitis / Broncho- pneumonia	— (—)	— (—)	— (—)	— (—)	— (—)	1 (—)	1 (—)	— (2)	— (—)	— (1)	2 (1)	3 (4)
Anoxic and hypoxic conditions ...	3 (1)	2 (—)	5 (1)	— (—)	— (—)	— (—)	5 (1)	— (—)	— (—)	— (—)	— (—)	5 (1)
Congenital disorders of metabolism	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	1 (—)	1 (—)
Other ...	— (1)	— (—)	— (1)	— (—)	— (—)	— (—)	— (1)	2 (1)	1 (—)	— (—)	1 (—)	4 (2)
Total ...	6 (6)	5 (4)	11 (10)	2 (—)	1 (1)	1 (1)	15 (12)	2 (4)	2 (1)	1 (2)	4 (1)	24 (20)

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 1.1.67	...	315 (302)	307 (295)	24 (24)	27 (24)	673 (645)
Number of cases added to the register during 1967:						
New cases	...	12 (15)	9 (11)	3 (—)	2 (3)	26 (29)
Inward transfers	...	9 (10)	7 (8)	2 (1)	— (—)	18 (19)
Number of cases removed from the register during 1967:						
Deaths	...	8 (2)	— (—)	— (—)	— (—)	8* (2)
Outward transfers	...	22 (10)	18 (7)	— (—)	— (—)	40 (18)
Patients cured	...	1 (—)	1 (—)	— (—)	— (—)	2 (—)
Number of cases remaining on register on 31.12.67		305 (315)	304 (307)	29 (24)	29 (27)	667 (673)

*All deaths from causes other than tuberculosis.

Incidence of new cases

		<i>Respiratory</i>				<i>Other</i>					
		<i>Males</i>		<i>Females</i>		<i>Males</i>		<i>Females</i>		<i>Total</i>	
(a) According to age											
Under 5 years	...	1	(2)	1	(1)	—	(—)	1	(—)	3	(3)
5—14 years	...	1	(1)	4	(—)	—	(—)	—	(2)	5	(3)
15—24 years	...	—	(—)	—	(1)	—	(—)	—	(—)	—	(1)
25—44 years	...	4	(5)	2	(3)	2	(—)	1	(—)	9	(8)
45—64 years	...	4	(7)	2	(4)	1	(—)	—	(—)	7	(11)
65 and over	...	2	(—)	—	(2)	—	(—)	—	(1)	2	(3)

(b) Rate per 1,000 population:

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

Mortality rate per 1,000 population

		<i>Respiratory</i>		<i>Other</i>	
Harlow	...	—	(—)	—	(—)
England and Wales	...	0.05	(0.04)	0.005	(0.006)

MASS RADIOGRAPHY

Location of Unit

							<i>Persons X-Rayed</i>		
							<i>Male</i>	<i>Female</i>	<i>Total</i>
The Stow	...	...	...	...	...	...	372	555	927
Old Harlow	...	...	...	...	...	...	128	170	298
The High	...	...	...	...	...	...	811	1,479	2,290
Potter Street	...	...	...	...	...	...	171	223	394
Bush Fair	...	...	...	...	...	...	285	499	784
Dorstel Press	...	...	...	...	...	...	176	196	372
Standard Telecommunications Laboratories	...	...	...	...	...	...	356	73	429
A.E.I. Ltd.	...	...	...	...	...	...	555	197	752
Gilbeys	...	...	...	...	...	...	187	156	343
Blakdale Engineering	...	...	...	...	...	...	208	44	252
Cossor Electronics Ltd.	...	...	...	...	...	...	651	286	937
Standard Telephones and Cables (3 Divisions)	...	...	...	...	...	...	773	695	1,468
Stewart Warner Ltd.	...	...	...	...	...	...	81	32	113
Ashlyn Old People's Home	...	...	...	...	...	...	12	40	52
Industrial Health Centre, Temple Fields	...	...	...	...	...	...	1,620	549	2,169
Industrial Health Centre, Pinnacles	...	...	...	...	...	...	963	398	1,361
Total Number X-rayed							7,349	5,592	12,941
Requiring further investigation							69	35	104

Classification of attendances

General public	...	...	...	...	...	...	1,785	2,796	4,581
Organized groups	...	...	...	...	...	...	5,471	2,715	8,186
Contact groups	...	...	...	...	...	...	93	81	174

Pulmonary tuberculosis

Requiring immediate attention	...	...	...	...	...	...	5	2	7
Requiring close clinic supervision	...	...	...	...	...	...	2	—	2
Requiring occasional clinic supervision	...	...	...	...	...	...	16	13	29

Abnormalities other than tuberculosis

Carcinoma of lung and mediastinum	...	...	...	...	...	...	4	2	6
Sarcoidosis	...	...	...	...	...	...	1	—	1
Congenital abnormalities of the heart and vessels	...	...	...	...	...	...	2	—	2
Acquired abnormalities of the heart and vessels	...	...	...	...	...	...	6	7	13
Benign tumours of the lung and mediastinum	...	...	...	...	...	...	1	2	3
Bronchiectasis	...	...	...	...	...	...	4	1	5
Bacterial and virus infections of the lung	...	...	...	...	...	...	4	2	6
Emphysema	...	...	...	...	...	...	3	—	3
Pulmonary fibrosis, non tuberculous	...	...	...	...	...	...	2	1	3
Congenital malformation of the lungs	...	...	...	...	...	...	1	—	1
Pleural thickening or calcification, non TB	...	...	...	...	...	...	1	1	2
Abnormalities of the diaphragm and oesophagus	...	...	...	...	...	...	5	2	7
Congenital abnormalities of the bony thorax and soft tissues	...	...	...	...	...	...	3	—	3
Acquired abnormalities of the bony thorax and soft tissues	...	...	...	...	...	...	1	1	2

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

SANITARY CIRCUMSTANCES AND INSPECTION

Water					Gallons
Water supplied unmeasured (domestic)	...	...	...	...	757 million
Water supplied by meter (trade)	...	...	...	...	477 million
Total consumption for year	...	...	...	...	1,234 million
Average supplied per day—domestic	...	...	...	...	2.07 million
—trade	...	...	...	...	1.30 million
—all purposes	...	...	...	...	3.37 million
—all purposes	...	...	...	...	28.7
—trade	...	...	...	...	18.1
Consumption per head per day—domestic	...	...	...	...	46.8

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

The following samples of water were taken for examination :

	Samples		Result
	Bacteriological	Chemical	Unsatisfactory
Public Supply			
Public Health Dept.	4	1	1
Lee Valley Water Co.	259	12	—
Swimming and paddling pools			
10 swimming pools	53	—	3
3 paddling pools	13	—	1

Sewage disposal other than through sewers

Cesspools, septic and chemical tanks	...	...	...	52
Chemical closets (emptied weekly by Harlow UDC.)	...	...	...	4
Pail closets (emptied by occupier)	...	...	...	1
Pail closets (emptied by Harlow UDC.)	...	...	...	4

Housing

(i) GENERAL

Number of houses mid-year	...	...	...	...	21,742
Houses owned—by local authority	...	...	...	...	1,123
—by Harlow Development Corporation	...	...	...	...	18,019
—privately	...	...	...	...	2,600
Complaints of housing defects	...	...	...	...	128
Housing inspections carried out—by medical officers	...	...	...	...	27
—by public health inspectors	...	...	...	...	545
Intimation notices served	...	...	...	...	44
Statutory notices served	...	...	...	...	—
Houses where defects were remedied	...	...	...	...	47

(ii) UNFIT HOUSES

Houses demolished	...	...	...	...	6
Undertakings not to let	...	...	...	...	—
Closing orders	...	...	...	...	—
Houses in confirmed clearance areas awaiting demolition	...	...	...	...	—

Houses in clearance areas not yet confirmed	...	...	...	...	—
Demolition orders (individual unfit houses)	...	...	...	...	—
Closing orders revoked	...	...	...	...	I

				<i>Standard Grant</i>	<i>Discretionary Grant</i>	<i>Total</i>
(iii) IMPROVEMENTS						
(a) Individual houses						
Applications received	...	...	...	7	4	II
Applications approved	...	...	...	7	3	IO
Applications refused	...	...	...	—	I	I
Applications withdrawn	...	...	...	—	—	—
Dwellings where work completed	...			—	6	6
(b) Improvement area (Bury Road) as on 31.12.67						
Houses in area	...	...	...	...	...	79
Houses requiring improvement	...	...	...	...	...	39
Immediate improvement notices served	...	...	...	...	...	IO
Suspended improvement notices served	...	...	...	...	...	12
Houses improved	...	...	...	...	...	8
Houses with work in progress	...	...	...	...	...	7
Preliminary notices served	...	...	...	...	...	31
Undertakings to improve received	...	...	...	...	...	9
Final improvement notices	...	...	...	...	...	4
Houses sold to Council by owners	...	...	...	...	...	IO

Offices, Shops and Railway Premises Act, 1963

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	14	139	45
Retail shops	48	291	159
Wholesale shops, warehouses	I	17	6
Catering establishments open to public, canteens	11	33	16
Fuel storage depots	—	2	2

PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

<i>Class of Workplace</i>	<i>Number of persons employed</i>
Offices	2,572
Retail shops	2,525
Wholesale shops, warehouses	276
Catering establishments open to public	344
Canteens	20
Fuel storage depots	25
Total	5,762
Total males	2,550
females	3,212
Number of visits by inspectors to registered premises	833

CONTRAVENTIONS

Section of Act

4	Lack of cleanliness	...	...	...	...	...	...	51
5	Overcrowding	...	...	...	...	...	...	4
6	Inadequate temperature	...	...	...	...	...	...	41
7	Inadequate ventilation	...	...	...	...	...	...	8
8	Insufficient lighting	...	...	...	...	...	...	12
9	Defects in, or lack of, sanitary conveniences	...	...	...	...	...	...	35
10	Defects in, or lack of, washing facilities	...	...	...	...	...	...	37
11	Lack of drinking water supply	...	...	...	...	...	...	2
12	Lack of clothing accommodation	...	...	...	...	...	...	8
13	Lack of sitting facilities	...	...	...	...	...	...	3
14	Lack of seats for sedentary workers	...	...	...	...	...	...	1
16	Defects in floors and passages	...	...	...	...	...	...	15
17	Inadequate fencing of exposed parts of machinery	...	...	...	...	...	...	5
18	Protection of young persons from dangerous machinery...	...	...	...	...	...	...	1
24	Lack of first-aid equipment	...	...	...	...	...	...	41
27	Dangerous equipment	...	...	...	...	...	...	5
49	Failure to register premises	...	...	...	...	...	...	58
50	Lack of information for employees	...	...	...	...	...	...	61
Total								388

Number of notices sent to occupiers of premises	...	...	...	...	...	141
Number of accidents notified to local authority under Section 48	...	...	...	...	...	11
Number of statutory notices served	...	...	...	...	...	—
Number of legal proceedings for contraventions of Act	...	...	...	...	...	—

Factories Act, 1961

Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	...	...	...	...	...	...	...	...	4
Factories not included in above in which Section 7 is enforced by local authority	...	...	...	...	...	...	...	...	141
Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises)	...	...	...	...	...	...	...	...	36
Inspections	...	...	...	...	...	...	...	...	58
Written notices	...	...	...	...	...	...	...	...	3
Referred to HM Inspector of Factories	...	...	...	...	...	...	...	...	—
Referred from HM Inspector of Factories	...	...	...	...	...	...	...	...	—

DEFECTS FOUND :

Unsuitable, insufficient or defective sanitary accommodation	...	...	...	...	...	3
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OUTWORKERS (mainly engaged on work in connexion with wearing apparel)	...	...	...	...	...	...	...	...	233
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Atmospheric Conditions

	Air temperature (Fahrenheit)			Rainfall in inches	Smoke and sulphur dioxide in micrograms per cubic metre	
	A	B	C		Site: Town Hall	
	Mean Min.	Mean Max.	Mean of A & B		Smoke	SO ²
January	36.0	45.0	40.5	1.12	65	156
February	36.8	48.0	42.4	1.82	36	115
March	39.5	52.7	46.1	0.96	10	80
April	38.0	52.8	45.4	2.10	17	70
May	45.8	59.7	52.7	3.10	15	63
June	49.1	66.7	57.9	1.17	12	47
July	55.7	73.5	64.6	1.36	9	52
August	53.7	70.4	62.0	2.02	9	46
September	51.0	64.4	57.7	1.73	17	60
October	48.2	58.8	53.5	3.72	12	61
November	34.2	48.7	41.4	1.22	31	115
December	33.8	44.6	39.2	1.71	51	168

The meteorological data were supplied by the Harlow Development Corporation. Observation 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	...	...	...	...	...	...	...	...	...	23
Fishmongers (including fish fryers)	...	...	...	...	...	...	...	...	...	13
Greengrocers	...	...	...	...	...	...	...	...	...	20
Sweets and confectionery	...	...	...	...	...	...	...	...	...	28
General food stores	...	...	...	...	...	...	...	...	...	12
Cafes and restaurants	...	...	...	...	...	...	...	...	...	26
Public houses	...	...	...	...	...	...	...	...	...	25
Off-licences	...	...	...	...	...	...	...	...	...	7
Halls, community centres and clubs	...	...	...	...	...	...	...	...	...	56
Factory and other industrial canteens	...	...	...	...	...	...	...	...	...	41
School canteens	...	...	...	...	...	...	...	...	...	36
Building site canteens	...	...	...	...	...	...	...	...	...	16
Food storage depots	...	...	...	...	...	...	...	...	...	4
Food factories	...	...	...	...	...	...	...	...	...	6
Bakehouses and bakers	...	...	...	...	...	...	...	...	...	12
Market stalls	...	...	...	...	...	...	...	...	...	14
Total	...	...	...	...	...	...	...	...	...	374

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	...	...	...	...	...	...	...	76
Preparation or manufacture of sausages or potted, pressed pickled or preserved	...	...	...	...	...	...	...	28

MILK SUPPLY

Number of dairies registered	...	...	...	...	...	...	4
Number of inspections carried out	...	...	...	...	...	...	24

Licences issued under Milk (Special Designation) Regulations 1960 and 1963:

Pasteurized	...	...	...	...	...	...	30
Sterilized	...	...	...	...	...	...	23
Ultra-heat treated	...	...	...	...	...	...	5
Number of premises from which milk was sold	...	...	...	...	...	...	32

Bacteriological Examinations of Food

Milk

	<i>Samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Pasteurized	69	66	3*
Sterilized	23	23	—
Pasteurized Channel Island	1	1	—
Ultra-heat treated	12	12	—

* Failed to pass the methylene blue test

Ice-Cream and Ice Lolly

	<i>Samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Ice-Cream	71	Grade I 51 Grade II 10	Grade III 6 Grade IV 4
Ice lolly	8	6	2

Cooked Meat and Meat Products

	<i>Samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Brawn	1	1	—
Corned beef	8	7	1
Faggot	2	2	—
Ham	11	5	6
Jellied veal	9	7	2
Luncheon meat	10	9	1
Haslet	2	1	1
Pork	6	5	1
Tongue	2	2	—
Other cooked meats	9	6	3
Total	60	45	15

Miscellaneous

	<i>Samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Fresh cream	4	4	—
Artificial cream-filled cakes	1	1	—
Dairy cream filled cakes	6	6	—

Cream cheese	1	1	—
Salads	4	4	—
Chinese food (imported) ...	22	20	2
Fish cakes	2	1	1
Other foods	11	5	6
Total	51	42	9

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	2	14	16	—	4	4
Milk and milk products	17	7	24	1	—	1
Ice-cream	—	10	10	—	—	—
Soft drinks	3	1	4	—	—	—
Wines and spirits ...	6	1	7	—	—	—
*Other foods	16	74	90	—	3	3
Medicines and drugs ...	26	27	53	—	1	1
Total	70	134	204	1	8	9

* Includes samples taken as a result of complaints from the public

UNSATISFACTORY SAMPLES

<i>Article</i>	<i>Adulteration</i>	<i>Comments</i>
*Tinned meat	Contained steel wool	Legal proceeding instituted against manufacturers
Apricot jam	Contained mould growth	Amount of mould growth insignificant. Legal action inadvisable
*Steak and vegetables	One ingredient not shown on label of can in which product was packed.	A minor technical infringement. Warning letter to manufacturer.
*Chopped ham and pork	Contained asbestos and cotton fibre	Legal proceedings instituted against the manufacturer
*Lard	Contained lead-free paint	Warning letter to manufacturer
Edam cheese	Contained less milk fat than regulations require	Infringement too small to justify legal proceedings
"Lamb Garni"	Contained insufficient meat to justify the description "Lamb Garni"	No legal standard for this article. Warning letter to manufacturer
Camphor spirit BPC	Contained more camphor than the maximum permitted	Technical infringement of standard. Warning to manufacturer. Further samples taken were satisfactory

*"Savourmix" (Vegetarian mixture)	Contained quartz sand	Legal proceedings instituted against producer
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* Samples examined as a result of complaints

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 mouldy faggots	£30	5 gns
	Selling "Savourmix" containing quartz sand	£10	5 gns
	Selling yoghurt containing a piece of a button	£20	5 gns
	Selling cheese infested with mites	£10	5 gns
	Selling mouldy crumpets	£20	5 gns
	Selling a salad roll containing a worm	£10	5 gns
	Selling a tin of tomatoes containing metal discs	Dismissed— Warranties held valid	(Sec. 115)
	Selling a tin of chopped ham and pork containing asbestos fibre	£20	5 gns
	Selling mouldy angel cake	£20	5 gns
	Selling mouldy chocolate cup cakes	£40	£5.15.6
	Selling a loaf containing a fly ...	£10	5 gns

SUMMARY OF LEGAL PROCEEDINGS

Prosecutions ordered by Council	17
Cases heard in Magistrates' Court	11
Cases remaining to be dealt with on 31.12.67	6

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

Complaints received	330
Properties inspected	511
Total number of inspections and reinspections	2,655
Properties found infested and treated by Public Health Dept.	331
Properties found infested and treated by occupier	3
No evidence of infestation	24
Contracts entered into	83
Sewer manholes baited	—

Summary of other work carried out by public health inspectors

Inspections of food premises, including food shops, food manufacturing premises, market stalls and mobile vans	1,397
Sampling visits only	423
Inspections of shops other than food shops	618
Inspections of premises in connexion with duties under the Petroleum (Consolidation) Act, 1928	341
Inspection of swimming pools	22
Inspection of schools—general	5

Inspections in connexion with refuse collection	...	...	...	...	92
Inspections of drainage	...	...	...	...	274
Visits in connexion with infectious diseases	...	...	...	...	244
Visits in connexion with complaints and nuisances (other than housing matters)	...	...	...	...	173
Visits in connexion with insects and pest infestations	...	...	...	...	703
Visits in connexion with smoke control areas	...	...	...	...	103
Visits in connexion with other duties under the Clean Air Act, 1956	...	...	...	...	219
Inspections of places of entertainment	...	...	...	...	19
Visits in connexion with water supplies	...	...	...	...	18
Sundry other visits	...	...	...	...	275
Complaints investigated and action taken	...	...	...	...	710
Intimation notices served	...	...	...	...	355
Satutory notices served	...	...	...	...	4

COUNTY COUNCIL HEALTH SERVICES

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

Mothercraft and Relaxation Classes

Sessions held	...	...	...	...	...	...	253	(266)
Number of women attending	...	...	...	...	...	...	240	(218)
Number of attendances	...	...	...	...	...	...	1,670	(1,175)

Child Welfare

Child welfare sessions (doctor in attendance)	...	...	...	...	...	613	(612)
Health visitors' consultative sessions	...	...	...	...	...	214	(179)
Total number of attendances by health visitors	...	...	...	...	...	1,126	(791)
Total number of child attendances	...	...	...	...	...	21,982	(24,009)

Midwifery

(a) Clinics — ante and post-natal

Attendances by midwives at GP clinics	...	...	...	...	662	(723)
Number of examinations carried out	...	...	...	...	6,795	(7,878)
Attendances by midwives at own clinics	...	...	...	...	388	(465)
Number of examinations carried out	...	...	...	...	2,402	(2,774)

(b) Domiciliary work

Number of confinements attended						
As midwives	...	...	...	...	331	(442)
As maternity nurses after early discharge	...	...	...	...	145	(107)
Administration of analgesics						
Gas and air or Trilene	...	...	...	...	294	(399)
Pethidine or similar compound	...	...	...	...	189	(250)

Health Visiting

(a) Clinics and schools

Sessions attended at child welfare clinics	...	...	...	...	838	(1,007)
Sessions attended at ante-natal and mothercraft clinics	...	...	...	...	374	(331)
Sessions attended at school clinics	...	...	...	...	139	(146)
Sessions attended at schools	...	...	...	...	753	(752)

(b) Domiciliary work

Persons visited during the year						
Children under 5 years	...	...	...	...	5,796	(5,152)
Persons aged 65 and over	...	...	...	...	135	(79)
Others	...	...	...	...	643	(442)
Number of visits during the year						
To children under 5 years	...	...	...	...	12,047	(10,714)
To persons aged 65 years and over	...	...	...	...	304	(189)
Others	...	...	...	...	1,191	(858)
Total effective visits	...	...	...	...	13,542	(11,761)
Total ineffective visits	...	...	...	...	2,987	(3,220)

(c) Tests for phenylketonuria

Number of tests at home or clinic	...	...	...	...	2,115	(2,536)
Special visits to homes to collect urine specimens	...	...	...	...	344	(368)

(d) *Tuberculosis visiting*

Chest clinic sessions attended ...	...	...	...	...	307	(314)
Households visited during the year ...	...	...	...	...	312	(352)
Total number of home visits ...	...	...	...	...	1,017	(758)

Home Nursing

(a) *Clinics*

Number of sessions attended ...	...	...	...	...	1,813	(1,809)
Number of new patients treated ...	...	...	...	...	3,899	(3,628)
Total attendances by patients ...	...	...	...	...	11,050	(10,720)

(b) *Domiciliary work*

Number of patients attended under 65 years of age ...	...	...	...	...	384	(356)
Number of patients attended aged 65 years and over ...	...	...	...	...	358	(261)
Number of visits to patients under 65 years of age ...	...	...	...	...	7,444	(6,249)
Number of visits to patients aged 65 years and over ...	...	...	...	...	5,083	(12,612)

Immunizations (other than BCG)

Smallpox ...	...	...	...	...	...	967	(1,092)
Revaccinations ...	...	...	...	...	...	69	(131)
Diphtheria / Pertussis / Tetanus ...	...	...	...	...	...	1,309	(1,347)
Booster doses ...	...	...	...	...	...	1,023	(862)
Diphtheria / Tetanus ...	...	...	...	...	...	112	(51)
Booster doses ...	...	...	...	...	...	1,375	(933)
Diphtheria ...	...	...	...	...	...	7	(2)
Booster doses ...	...	...	...	...	...	70	(200)
Tetanus ...	...	...	...	...	...	197	(256)
Booster doses ...	...	...	...	...	...	155	(264)
Poliomyelitis — Sabin oral vaccine ...	...	...	...	...	...	1,509	(1,839)
Booster doses ...	...	...	...	...	...	1,402	(1,124)

Chiropody

Total number of treatments ...	...	...	...	...	...	4,528	(4,414)
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At clinics

To physically handicapped ...	...	...	...	...	...	47	(69)
To aged over 65 years ...	...	...	...	...	...	3,016	(2,869)
						—	(—)
Total ...	...	...	...	...	...	3,063	(2,938)

<i>In old people's homes</i> ...	...	...	...	...	...	153	(189)
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Domiciliary

To physically handicapped	...	...	...	...	74	(66)
To aged over 65 years	...	...	...	...	1,238	(1,221)
To others	...	...	...	...	—	(—)
Total	...	...	...	...	1,312	(1,287)

Patients being treated at end of year

Physically handicapped	...	...	...	...	29	(21)
Aged over 65 years	...	...	...	...	693	(558)
Others	...	...	...	...	—	(—)
Total	...	...	...	...	722	(579)

Home Help*Cases helped during year*

Persons aged 65 years and over	...	...	...	...	219	(196)
Maternity cases	...	...	...	...	47	(82)
Chronic sick under 65 years	...	...	...	...	47	(39)
Others under 65 years	...	...	...	...	78	(78)
Total	...	...	...	...	391	(395)

Hours of help given

To persons aged 65 years and over	...	...	...	...	32,080	(24,811)
To maternity cases	...	...	...	...	2,011	(3,220)
To chronic sick under 65 years	...	...	...	...	4,593	(4,693)
To others under 65 years	...	...	...	...	6,882	(7,728)
Total	...	...	...	...	45,566	(40,452)

Cases being helped at end of year

Persons aged 65 years and over	...	...	...	...	162	(132)
Maternity cases	...	...	...	...	2	(4)
Chronic sick under 65 years	...	...	...	...	17	(16)
Others under 65 years	...	...	...	...	16	(14)
Total	...	...	...	...	197	(166)

New cases during the year

Persons aged 65 and over	...	...	...	...	87	(86)
Maternity cases	...	...	...	...	43	(76)
Chronic sick under 65 years	...	...	...	...	31	(22)
Others under 65 years	...	...	...	...	64	(64)
Total	...	...	...	...	225	(248)

Number of staff examined by Assistant Medical Officers

Entrants to County Council service	...	...	...	221	(405)
Teachers and entrants to teachers training colleges	...	...	...	98	(87)
Others	...	...	...	13	

2. SCHOOL HEALTH SERVICE — EDUCATION ACT, 1944

School medical examinations

Routine examinations	...	...	...	2,921	(2,788)
Special and re-examinations	...	...	...	3,247	(2,006)
Defects requiring observation	...	...	...	1,203	(2,492)
Defects requiring treatment	...	...	...	187	(305)

Audiometry

Referred for test	...	...	...	...	122	(80)
Tested	...	...	...	...	152	(80)
					(30 Re-tests)	
No defect found	...	...	...	...	72	(42)
Placed under observation	...	...	...	...	22	(10)
Treatment required	...	...	...	...	47	(17)
Awaiting result of further investigations	...	...	...	...	11	(11)

Speech therapy

New cases referred in 1967	...	...	...	...	32	(44)
Cases treated for the first time	...	...	...	...	29	(46)
New and old cases under treatment at end of year	...	...	...	...	74	(122)
Additional cases under treatment at end of year						
The Mead School	...	...	...	...	25	(19)
Training Centre	...	...	...	...	—	(11)

Prevention of tuberculosis

(i) Tuberculosis case finding in school entrants

Children to whom Heaf test was offered	...	...	...	...	2,497	(1,577)
Number who accepted	...	...	...	...	2,035	(1,274)
Number tested	...	...	...	...	1,781	(1,106)
Positive reactions	...	...	...	...	—	(7)
Significant findings on further investigation	...	...	...	...	—	(5)
No significant findings	...	...	...	...	—	(2)

(ii) BCG Vaccination

Children to whom vaccination was offered	...	...	...	...	1,623	(1,490)
Number who accepted	...	...	...	...	1,338	(1,152)
Number Heaf tested	...	...	...	...	1,239	(1,038)
Positive reactions	...	...	...	...	28	(111)
Negative reactions	...	...	...	...	1,136	(877)
Number vaccinated	...	...	...	...	1,080	(855)

