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BOROUGH OF BEDFORD.

ANNUAL REPORT

ON THE

Health of Bedford

FOR THE YEAR

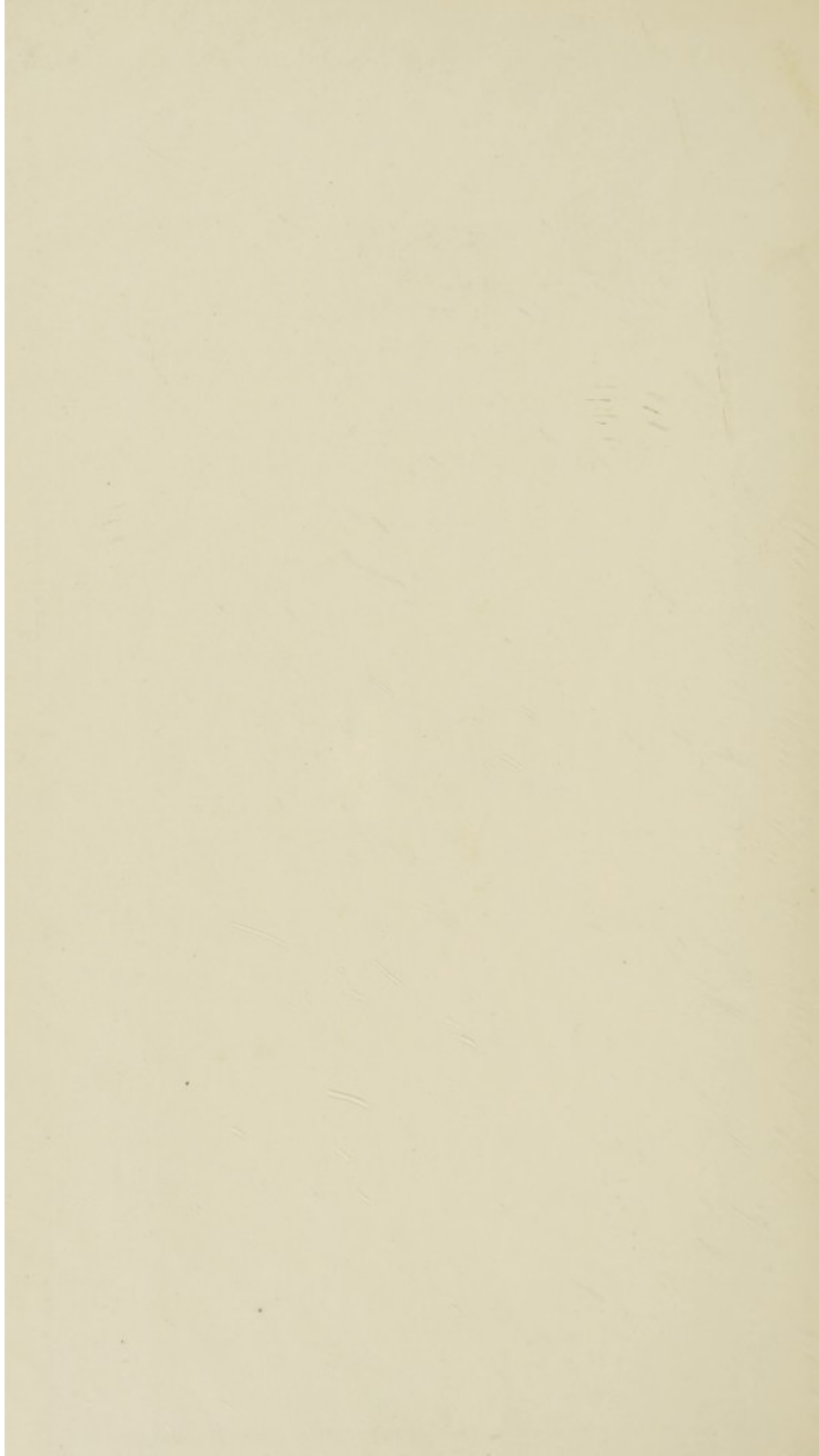
1934.

BY

G. K. BOWES, M.A., M.D., M.R.C.P., D.P.H.,
MEDICAL OFFICER OF HEALTH.

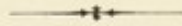
Together with the Report of
F. C. HAYNES, Cert. R. San. I., M.S.I.A.,
SENIOR SANITARY INSPECTOR.

BEDFORD :
RUSH & WARWICK (BEDFORD), LTD.





BOROUGH OF BEDFORD.




REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1934.



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CONTENTS.

COMMITTEES	page 8
PUBLIC HEALTH STAFF	page 9
PREFACE	page 10
I. STATISTICS AND SOCIAL CONDITIONS	page 11
1.—VITAL STATISTICS AND GENERAL OBSERVATIONS					
2.—EXTENSION OF BOROUGH BOUNDARY					
3.—POPULATION					
4.—BIRTH RATE					
5.—DEATH RATE					
6.—CAUSES OF DEATH—STATISTICS					
7.—INFANT MORTALITY					
II. GENERAL PROVISION OF HEALTH SERVICES	...	...	...	...	page 22
1.—LABORATORY FACILITIES					
2.—AMBULANCE FACILITIES					
3.—NURSING IN THE HOME					
4.—CLINICS AND TREATMENT CENTRES					
5.—HOSPITALS					
6.—INSTITUTIONAL PROVISION FOR MOTHERS AND CHILDREN					
7.—MIDWIFERY AND MATERNITY SER- VICES					
(a) <i>Midwives Acts, 1902-1926</i>					
(b) <i>Complicated Midwifery Cases</i>					
(c) <i>Maternal Mortality</i>					

8.—MATERNITY AND INFANT WELFARE CENTRES

(a) *Premises and Attendances*(b) *Sale of Foods*(c) *Ultra-Violet Treatment*(d) *Report by Medical Officer of Centre*

9.—HEALTH VISITING

10.—INFANTILE MORTALITY

11.—DENTAL TREATMENT FOR CHILDREN BELOW SCHOOL AGE

(a) *Scope of Work*(b) *Report by Dental Officer*12.—CHILDREN ACT, 1908, PART I.
INFANT LIFE PROTECTION AND
CHILDREN AND YOUNG PERSONS
ACT, 193213.—NURSING HOMES REGISTRATION
ACT, 1927III. SANITARY CIRCUMSTANCES OF THE
AREA page 38

1.—WATER

(a) *Quantity, Quality and Treatment*(b) *Water Supply of Extended Borough*(c) *Rainfall*

2.—DRAINAGE AND SEWERAGE

3.—RIVERS AND STREAMS

4.—CLOSET ACCOMMODATION AND
HOUSE DRAINAGE

5.—PUBLIC CLEANSING

6.—SANITARY INSPECTION OF THE
AREA

7.—SMOKE ABATEMENT

8.—SCHOOLS

IV. HOUSING	... ..	page 46
1.—STATISTICAL TABLE		
2.—OBSERVATIONS ON STATISTICS		
3.—HOUSING CONDITIONS		
(a) <i>General Summary</i>		
(b) <i>Condition in Added Areas</i>		
4.—HOUSING ACT, 1930		
(a) <i>Houses Incapable of Repair</i>		
(b) <i>Houses Capable of Repair</i>		
5.—OVERCROWDING		
6.—RENT RESTRICTION ACTS		
7.—MUNICIPAL HOUSING ESTATES		
8.—PROGRESS OF BUILDING SINCE THE WAR		
V. INSPECTION AND SUPERVISION OF FOOD	... ..	page 60
1.—MILK		
(a) <i>Sources of Supply</i>		
(b) <i>Registration of Purveyors of Milk and Dairy Premises</i>		
(c) <i>Inspection of Farms and Dairies</i>		
(d) <i>Bacteriological Examination of Milk</i>		
(e) <i>Examination of Milk for Tuberculosis</i>		
(f) <i>Milk (Special Designations) Order, 1923</i>		
2.—MEAT AND OTHER FOODS		
(a) <i>Meat</i>		
(b) <i>Other Foods</i>		
3.—FOOD PREMISES		
(a) <i>General Inspection</i>		
(b) <i>Dairies</i>		
(c) <i>Slaughterhouses including Slaughter of Animals Act, 1933</i>		

- (d) *Shops, Stalls and Vehicles*
- (e) *Markets*
- (f) *Bakehouses*
- (g) *Ice Cream*

4.—ADULTERATION OF FOOD

- (a) *Milk*
- (b) *Other Foods*
- (c) *Tables*
- (d) *Margarine*
- (e) *Public Health (Preservatives, &c., in Food) Regulations, 1925-1927.*
- (f) *Artificial Cream Act, 1929*
- (g) *Public Health (Condensed Milk) Regulations, 1923-1927.*
- (h) *Public Health (Dried Milk Regulations), 1923-1927*
- (i) *Merchandise Marks Act, 1926*

VI. PREVALENCE OF, AND CONTROL
OVER INFECTIOUS AND OTHER
DISEASES page 75

1.—INFECTIOUS DISEASES, OTHER THAN
TUBERCULOSIS

- (a) *General Statistics*
- (b) *Smallpox*
- (c) *Scarlet Fever*
- (d) *Diphtheria*
- (e) *Enteric Fever*
- (f) *Pneumonia*
- (g) *Measles*
- (h) *Whooping Cough*
- (i) *Influenza*
- (j) *Puerperal Fever and Puerperal Pyrexia*
- (k) *Ophthalmia Neonatorum*
- (l) *Other Infectious Diseases*
- (m) *Schick and Dick Test and Artificial Immunisation*
- (n) *Vaccinations*

2.—CANCER

3.—TUBERCULOSIS

4.—ISOLATION HOSPITALS

(a) *Scarlet Fever*

(b) *Diphtheria*

(c) *Typhoid*

(d) *Other Diseases (other than
Smallpox)*

(e) *Return Cases*

(f) *Smallpox*

(g) *Local Government Act, 1929
—Section 63*

CONCLUSION page 94

MEMBERS OF THE PUBLIC HEALTH AND
HOUSING COMMITTEE OF THE BOROUGH
OF BEDFORD.

- Chairman*—Councillor Col. W. N. HAY, C.I.E., D.S.O., J.P.
Vice-Chairman—THE DEPUTY MAYOR (Alderman W. E. SOWTER, J.P.).
THE MAYOR (Alderman H. R. NEATE, J.P.).
Councillor E. G. EELES.
Councillor F. P. H. GOWER.
Councillor Mrs. M. M. KENNEY-HERBERT.
Councillor Mrs. E. L. MARTIN, J.P.
Councillor W. P. MELDRUM, M.B., Ch.B., B.Sc., D.T.M.
Councillor REV. A. W. RAMSAY MURRAY, B.A.
-

MEMBERS OF THE MATERNITY AND CHILD
WELFARE COMMITTEE.

- Chairman*—Councillor Mrs. E. L. MARTIN, J.P.
Vice-Chairman—Councillor Mrs. M. M. KENNEY-HERBERT.
THE MAYOR (Alderman H. R. NEATE, J.P.).
Councillor W. P. MELDRUM, M.B., Ch.B., B.Sc., D.T.M.
Councillor REV. A. W. RAMSAY MURRAY, B.A.
Councillor A. E. OSBORNE, B.A., B.Sc.
- Co-opted Members*—
- Mrs. E. A. KIRKMAN. Mrs. MYERS-DAWES. Mrs. NASH.

PUBLIC HEALTH STAFF.

(a) MEDICAL.

**Medical Officer of Health and Medical Superintendent
of Isolation Hospital**

G. K. BOWES, M.A., M.D., M.R.C.P., D.P.H.

**Medical Officer of Maternity and Child Welfare Centre
(part time)**

DORA MASON, M.A., M.B., B.S.

(b) DENTAL.

Dental Surgeon for Maternity and Child Welfare Work

V. A. VASEY, L.D.S.

(c) OTHER.

Senior Sanitary Inspector

F. C. HAYNES, Cert. R.San.I., M.S.I.A.

Sanitary Inspector and Food Inspector

J. F. WILKINSON, M.R.San.I., Cert. Meat Inspection R.San.I., M.S.I.A.

Sanitary Inspector

J. N. MARTIN, A.R.San.I., Cert. Meat Inspection R.San.I., M.S.I.A.

Clerks

F. J. DIX.

C. A. L. SETCHELL, Cert. S.I.B.

E. J. CONSTABLE.

Miss M. A. WARD (Maternity and Child Welfare).

Laboratory Assistant

F. E. CASEMORE.

Health Visitor, and Inspector of Midwives

Miss B. M. RODGERS, S.R.N., H.V.Cert.R.San.I.

Health Visitor (half time) and School Nurse (also half time)

Miss A. DICKSON, S.R.N., H.V.Cert.R.San.I.

Health Visitor (full time)

Miss J. I. M. PRINGLE, S.R.N., H.V.Cert.R.San.I.

(Resigned April 12th, 1935.)

Matron. Isolation Hospitals

Miss I. T. MCGROUTHER, S.R.N.

The staff of the Isolation Hospital consists of the
Matron, three Staff Nurses and three Probationers.

Public Analyst

J. KEAR COLWELL, F.I.C.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
BEDFORD.

1st May, 1935.

*To His Worship the Mayor, Aldermen and Councillors
of the Borough of Bedford.*

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for 1934.

On the whole the year was healthy. There was no serious epidemic. In spite of the prevalence of diphtheria in severe form in many parts of the country, a few cases only, mostly of mild character, occurred in Bedford. Influenza, which now ranks as one of the most serious causes of mortality, did not occur in epidemic form.

The general healthiness is indicated by a death rate of 11.9 per thousand, which is definitely below that of the country as a whole after allowance is made for the greater average age of the population in Bedford.

The outstanding event of the year was the extension of the Borough boundary to include almost the whole of the parish of Goldington and parts of the other neighbouring parishes.

In conclusion, I have to express my thanks for the valuable assistance I have received during the year from the Town Clerk, the Borough Surveyor, and the Housing Manager, as also for the loyal support of the Senior Sanitary Inspector and his colleagues, and of all the members of the Health Visiting and Nursing Staffs.

I am,

Your obedient servant,

G. K. BOWES,

Medical Officer of Health.

BOROUGH OF BEDFORD.

Annual Report

OF

Medical Officer of Health For 1934.

I. Statistics and Social Conditions.

1.—Vital Statistics and General Observations.

Area of Borough before extension on April 1st, 1934 ...	2,223 acres.
Area of parts added to Borough on April 1st, 1934 ...	2,749 acres.
Area of Borough as extended on April 1st, 1934 ...	4,972 acres.
Population at Census 1931 of area of Borough before extension	40,554
Population at Census 1931 of parts added to Borough ...	2,052
Population at Census 1931 of area of Borough as now extended	42,606
Population as estimated by Registrar-General mid-1934 of	
Borough as extended on April 1st, 1934	43,280
Population supplied by Registrar-General for calculation of	
birth and death rates	42,790
Number of inhabited houses, end of 1934, according to	
Rate Books	11,612
Rateable Value on December 31st, 1934	£338,003
Sum produced by a penny rate, half year ended 30th	
September, 1934 (estimated)	£1,330

The chief industry in Bedford is usually said to be its schools, and the endowed schools of the Harpur Trust provide for the needs of a large number of boys and girls whose parents reside in Bedford for the period of their education. There are several large engineering

works in the parts of the town lying towards the west, and in the area south of the river, which provide employment for a large proportion of the inhabitants. In addition many Bedford residents find employment at the brick works which have sprung up within recent years in the neighbourhood of the town, and in the motor works in Luton. It will be seen that a large proportion of the town is "residential" in character, while, as for the remainder, since the industrial development of Bedford is comparatively recent, the houses built for the accommodation of the workmen are generally of a good type, and do not present those features of bad planning and overcrowding on space well known to be characteristic of the housing development which took place in response to industrial needs at an earlier period. Post-war development of houses for the working classes is represented almost entirely by the Municipal Housing Estates, though there are signs that private enterprise is now making a beginning in providing houses at rents that the workers can pay.

It is a matter of common knowledge that unemployment has been much less severe in Bedford and its neighbourhood than in some other parts of the country. The following table shows the amount of unemployment in Bedford and its immediate neighbourhood in December of the year under review and in March and December of the preceding year.

		<i>Men.</i>	<i>Women.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
March, 1933	...	1,674	336	49	106	2,165
December, 1933	...	1,094	187	9	33	1,323
December, 1934	...	697	96	5	10	808

It will be seen from this table that the figures show a considerable reduction as compared with the figures for the preceding December, and an even larger reduction as compared with the figures for March, 1933, when unemployment was somewhere near its worst in Bedford and the neighbourhood.

The following table gives extracts from the vital statistics of the year as furnished by the Registrar-General.

Extracts from Vital Statistics of the Year 1934.

Live Births—

		<i>Total</i>	<i>Males</i>	<i>Females</i>		
Legitimate	...	504	243	261	Birth Rate per 1,000 of population	... 12.6
Illegitimate	...	35	20	15		
Still Births	...	12	6	6	Rate per 1,000 total (live and still) births	21.8
Deaths	...	510	250	260	Death Rate per 1,000 population	... 11.9

Deaths from diseases and accidents of pregnancy and childbirth :—							
From Sepsis	...	...	...	...	...	...	2
From other causes	...	...	...	...	...	...	—
Deaths of Infants under one year of age :—							
Total	...	19	Rate per 1,000 live births	...	...	...	35
Legitimate	...	19	Rate per 1,000 legitimate live births	...	...	...	38
Illegitimate	...	—	Rate per 1,000 illegitimate live births	...	...	...	—
Deaths from Measles (all ages), 1.							
Deaths from Whooping Cough (all ages), 4.							
Deaths from Diarrhoea (under 2 years of age), 0.							

I am indebted to Mr. C. E. Craddock, the Rating and Valuation Officer, for the following statement relating to the estimated number of houses and population :—

“I have made an estimate of the population of the extended Borough as at 31st December last, and as you will shortly be requiring the figures, I give the details below.

Estimated number of houses, 31st December, 1933	...	10605
New houses added to Rate Book during the year 1934	...	135
Less removed from Rate Book, pulled down	...	9
Net increase	...	126
<hr/>		
Estimated number of houses in old Borough, 31st December, 1934	...	10731
Less empty at 31st December, 1934	...	175
<hr/>		
Estimated number of occupied houses, 31st December, 1934	...	10556
<hr/>		
Population at 4 persons per house	...	42224
Allow for removals from flats to new houses in the added area	...	340
<hr/>		
Estimated population of Old Borough, 31st December, 1934	...	41884
Estimated number of occupied houses in added area, 31st December, 1934	...	1056
The number of persons per house in the added areas varies from 3 to 3.75	...	3682
<hr/>		
Estimated population of the extended Borough, 31st December, 1934	...	45566
<hr/>		

"When preparing the Register of Electors in June, 1934, I found that the removals from flats, etc., in the Old Borough to the new houses in the added areas, were made up in part by newcomers to Bedford.

"I have estimated the net loss to the population at 340, but if the improvement continues and the birth and death rates do not appreciably alter, the average of four persons per occupied house in the old Borough, will soon be recovered."

2.—Extension of Borough Boundary.

The area of the Borough was extended on April 1st by the inclusion within its boundaries of the greater part of the Parish of Goldington, and parts of Cardington, Eastcotts, Elstow, Biddenham and Clapham. An inspection of the actual course of the boundary will perhaps suggest the reflection that it is not quite in accordance with the high expectations of that modern type of chiasm which looked to see the advent, if not of a new heaven, at least of a new earth as a result of the Local Government Act, 1929. For events in connection not only with the review of county districts, but also with other matters, seem to show that in most respects the new earth is scarcely an improvement on the old, and that the powers of darkness still remain unchained. Nevertheless the area of the Borough has been extended to approximately double its former area, and certain additional problems of public health administration have been introduced.

The greater part of the area now incorporated in the borough had, before its inclusion, become urban in density, though the sanitation had still been of rural type. In particular in the village of Goldington, consisting of some 500 houses, the sanitary arrangements consist in nearly all cases of pail closets and cesspools. In those houses where pail closets are in existence, about half of the total number, the slop water is in many cases received into cesspools; in other cases there are no cesspools, and slop water is disposed of on the gardens, or finds its way to the nearest ditch, watercourse, or collection of water, which is indeed often the ultimate destination of the contents of cesspools where they are present. In those cases where cesspools are provided for reception of waste water of houses provided with water closets and baths, they are in many cases entirely inadequate to the demands placed upon them. In consequence of these conditions gardens and land have become sodden with sewage, and the conditions of the ditches and watercourses are often offensive to sight and smell. The sewerage of this area, the conversion of pail closets to water closets, and connection of the house drains to the sewers in place of cesspools have become urgent necessities.

In the remaining parts of the added areas conditions are less urgent. It may, however, be said that the adequate sewerage of the areas is desirable in all cases, and especially is this the case in New Fenlake, which is entirely urban in character and is situated in close proximity to the Corporation Housing Estates.

Further particulars of the actual conditions existing will be found in later sections of the report.

3.—Population.

The Registrar-General has supplied two estimates of population for the year under review. The one is purely a working figure for calculation of birth and death rates, in view of the fact that the births and deaths relate to the complete area for the latter part of the year only. This figure is given as 42,790. The actual population as estimated by the Registrar-General for the mid-year 1934 is 43,280. If this estimation be correct, and if to the Census figures of 1931 for the complete area, namely 42,606, be added the number of scholars and students of the various boarding schools and other institutions (to allow for the fact that the boarders were not in residence at the time of the Census), an addition which yields the figure of 43,440, it would appear that there has been a slight diminution in the number of inhabitants of the extended area. On the other hand the estimate of the Rating and Valuation Officer for the whole of the area is 45,556 for the end of the year. The estimate of the Rating and Valuation Officer is based on the number of houses in the old Borough and in the added area and on the estimated population per house. In view of the following facts it would certainly appear at least possible that the Registrar-General has underestimated the population. Development is still taking place in the added areas, and has included the building of 310 municipal houses and approximately 165 other houses built by private enterprise since the date of the Census, although part of this development has no doubt been at the expense of population in the old Borough. There is a constant tendency for houses let-in-lodgings and similar premises to fill up with families from outside the Borough, notwithstanding the fact that previous tenants have been removed to municipal houses. The activity of the works in Bedford and its neighbourhood provide employment for immigrants from other areas, and the impression one gains is that there is a certain stream of immigration from the North and other parts into the Borough. These facts all point in the direction of a slight increase rather than a decrease of population.

The natural increase of the population or difference between the birth and death rates was 0.7 per thousand, which may be compared with a natural *decrease* for the preceding year of 2.2 per thousand.

4.—Birth Rate.

The birth rate for the year under review was 12.6 per thousand. This is higher than the figure for the previous year, namely 10.3. These figures may be compared with those for England and Wales of 14.8 and 14.4 for 1934 and 1933 respectively. This rise in the birth rate for the Borough as given for 1934 as compared with that for 1933 is to be explained partly at least by the extension of the Borough boundary. In 1933 the rate was abnormally low, almost certainly in part on account of the fact that many growing families had gone out of the Borough, as then constituted, to reside on the housing estates or elsewhere. This population has now been included and births occurring in the added area in the last nine months of the year have been used in calculating the birth rate for 1934. For the greater part of the year, then, the rate refers to a more naturally constituted population than the rate for 1933, and the figure for 1934 gives a more correct picture of the conditions relating to the population of which the old Borough forms the nucleus only. Even so, the birth rate for 1934 is low as compared with the country as a whole, and this lowness may be explained by the constitution of the population in reference to age and social conditions.

5.—Death Rate.

The death rate for the year under review was 11.9 per thousand. This may be compared with the figure of 12.5 for 1933. The corresponding figures for England and Wales for 1934 and 1933 respectively are 11.8 and 12.2. Bedford, on account of the greater average age of the population, tends to have a higher death rate than the country as a whole. In order to make allowance for this greater average age of the population the Registrar-General has supplied a "comparability factor" based on the age and sex constitution of the 1931 census, by which the crude death rate of Bedford should be multiplied in order to produce a figure comparable to that for the country as a whole. This factor is 0.88. If, therefore, the crude death rate be multiplied by this factor, a local "adjusted" death rate of 10.5 is obtained, which, instead of being slightly above, is 1.3 per thousand or 11.0 per cent. below the national average. This lowness of the adjusted death rate indicates a healthy condition of the town. In view of the comparatively slow change in population constitution the Registrar-General states that the comparability factor supplied by him may continue to be used till figures are available from the next Census.

The fact that the death rate of 1934 is below that of 1933 may be accounted for, both in Bedford and the country as a whole, in large part by the absence of influenza and its complications (whether

recognised as such or not) as a serious cause of mortality in 1934 as compared with 1933.

6.—Causes of Death—Statistics.

The table immediately following, supplied by the Registrar-General, gives the causes of deaths of residents in the Borough during the year 1934, and the next table gives for comparison the birth rate, general death rate, and death rate for certain specified causes for the country as a whole, and for certain groups of the population.

<i>Causes of Death.</i>						<i>Males.</i>	<i>Females.</i>
All Causes						250	260
1.	Typhoid and Paratyphoid Fevers					1	1
2.	Measles					1	—
3.	Scarlet Fever					—	—
4.	Whooping Cough					1	3
5.	Diphtheria					1	—
6.	Influenza					4	3
7.	Encephalitis Lethargica					—	—
8.	Cerebro-spinal Fever					—	—
9.	Tuberculosis of Respiratory System					5	14
10.	Other Tuberculous Diseases					6	1
11.	Syphilis					1	—
12.	General Paralysis of the Insane, Tabes Dorsalis					1	—
13.	Cancer, Malignant Disease					30	47
14.	Diabetes					1	3
15.	Cerebral Hæmorrhage, etc.					10	14
16.	Heart Disease					52	67
17.	Aneurysm					—	1
18.	Other Circulatory Diseases					31	33
19.	Bronchitis					10	15
20.	Pneumonia (all forms)					11	7
21.	Other Respiratory Diseases					3	1
22.	Peptic Ulcer					6	—
23.	Diarrhœa, etc. (under 2 years)					—	—
24.	Appendicitis					3	4
25.	Cirrhosis of Liver					1	—
26.	Other Diseases of Liver, etc.					—	2
27.	Other Digestive Diseases					4	3
28.	Acute and Chronic Nephritis					8	5
29.	Puerperal Sepsis					—	2
30.	Other Puerperal Causes					—	—
31.	Congenital Debility, Premature Birth, Mal- formation, etc.					10	3
32.	Senility					6	6
33.	Suicide					6	—
34.	Other Violence					9	9
35.	Other defined Diseases					27	14
36.	Causes ill-defined or unknown					1	2
Special Causes (included in No. 35 above)							
	Smallpox					—	—
	Poliomyelitis					—	—
	Polioencephalitis					—	—
Deaths of Infants under 1 year							
	Total					15	4
	Legitimate					15	4
	Illegitimate					—	—
Live Births							
	Total					263	276
	Legitimate					243	261
	Illegitimate					20	15
Stillbirths							
	Total					6	6
	Legitimate					6	5
	Illegitimate					—	1
Population (for calculation of Rates only) ...							42,790
Population (estimated mid-1934)							43,280

BIRTH-RATES, DEATH-RATES AND ANALYSIS OF MORTALITY } { England and Wales, 121 County Boroughs and Great
in the year 1934. } { Towns, and 135 Smaller Towns.

Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1934, but those for London and the Towns have been calculated on populations estimated to the middle of 1933.

	RATE PER 1,000 POPULATION		ANNUAL DEATH-RATE PER 1,000 POPULATION										RATE PER 1,000 LIVE BIRTHS		PERCENTAGE OF TOTAL DEATHS			
	Live Births	Still-births	All Causes	Typhoid and Paratyphoid	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under 2 years)	Total Deaths under 1 year	Certified by Registered Medical Practitioners	Inquest Cases	Certified by Coroner after P.M.	Uncertified Causes of Death	
England and Wales	14.8	0.62	11.8	0.00	0.00	0.09	0.02	0.05	0.10	0.14	0.54	5.5	59	90.4	6.5	2.1	1.0	
121 County Boroughs and Great Towns, including London	14.7	0.66	11.8	0.00	0.00	0.12	0.02	0.06	0.11	0.12	0.47	7.4	63	90.5	6.1	2.9	0.5	
135 Smaller Towns (Estimated Resident Populations 25,000 to 50,000 at Census, 1931)	15.0	0.67	11.3	0.00	0.00	0.07	0.02	0.04	0.09	0.14	0.42	3.6	53	91.2	6.1	1.6	1.1	
London	13.2	0.50	11.9	0.00	0.00	0.20	0.02	0.07	0.11	0.12	0.56	12.6	67	87.7	6.3	6.0	0.0	

Puerperal Sepsis, Others. Total.

The maternal mortality rates for England and Wales are as follows: { per 1,000 Live Births ... 2.03 4.60
{ ,, ,, Total Births ... 1.95 4.41

It will be seen from the table that influenza accounted for seven deaths only. The following table shows for the years 1930 to 1934 the number of deaths caused by influenza and those respiratory diseases whose incidence is largely dependent on influenza. In 1930 and 1934 influenza did not occur in epidemic form, in 1931, 1932 and 1933 it was prevalent.

Year.		Influenza.		Pneumonia.		Bronchitis.
1930	...	8	...	11	...	14
1931	...	22	...	19	...	33
1932	...	28	...	20	...	20
1933	...	27	...	20	...	22
1934	...	7	...	18	...	25

One death was due to broncho-pneumonia following measles, four deaths to whooping-cough and one to diphtheria. Two deaths were due to typhoid or para-typhoid fevers, one of which occurred in the Borough Isolation Hospital, while the other was a patient resident at the time of death in the Mental Hospital at Arlesey. No deaths were due to scarlet fever. Suicide accounted for six deaths. Two deaths were due to puerperal sepsis. Nineteen deaths were on account of respiratory, and seven on account of non-respiratory tuberculosis. Cancer accounted for seventy-two deaths. Nine deaths of Borough residents were due to motor accidents within or without the Borough boundary. Three deaths occurred as the result of motor accidents within the Borough boundary. These three deaths were of Borough residents; in one case a child (aged $3\frac{1}{2}$) and in another case an aged person (aged 83), both on foot, were knocked down by motor-cars, while in the third case a pedal cyclist, also an aged person (aged 74), collided with a motor-car.

7.—Infant Mortality.

The following table shows Infantile Mortality from stated causes in accordance with the Registrar-General's classification in weeks and months under one year of age.

	Weeks.				Total under one month	Months.				Total under one year.
	0—	1—	2—	3—		1—	3—	6—	9—	
Whooping Cough ...	...	...	...	...	...	...	...	1	...	1
Tuberculosis of Intestines and Peritoneum ...	...	...	...	...	...	...	...	1	...	1
Convulsions ...	1	...	...	...	1	...	...	...	...	1
Bronchitis ...	...	...	...	1	1	...	...	...	...	1
Pneumonia ...	...	...	...	...	...	...	1	...	...	1
Congenital Malformations ...	...	...	1	...	1	...	...	...	...	1
Congenital Debility ...	1	1	...	...	2	...	...	...	...	2
Premature Birth ..	5	1	1	...	7	...	...	...	...	7
Injury at Birth ..	1	1	...	...	2	...	...	...	...	2
Atelectasis ...	1	...	...	...	1	...	...	...	...	1
Suffocation ...	...	...	...	...	...	...	1	...	...	1
Totals ...	9	3	2	1	15	2	2	...	...	19

Of the total 19, 15 were males and 4 females. The total number of deaths under one year corresponds to the very low infant mortality rate of 35 per thousand, which may be compared with the figure of 59 per thousand for England and Wales. Of this total, 9 took place in the first week of life, an additional 6 in the remaining three weeks of the first month, making in all 15 in the first month, and 4 in the second to the twelfth months of life inclusive.

On looking at the table just given one is struck by the large number of deaths which are due to causes which began to operate before the birth of the child, such as congenital malformations, congenital debility, premature birth, injury at birth, and atelectasis. No less than 13 deaths were registered as due to these causes. The ages of those children dying from premature birth were often only a few hours or minutes. It is clear that care after the birth of the child can prevent only a very small proportion, if any, of these deaths. It must also be doubtful whether ante-natal care will ever avail to prevent any but a very small number. We seem indeed to have approached very near that basal line in infant mortality beyond which any further reduction is impossible.

II. General Provision of Health Services in the Area.

1.—Laboratory Facilities.

There have been no changes in the arrangements for the examination of swabs, sputa and other materials.

The following table shows the work carried out in the municipal laboratory during the year.

Bacteriological Diagnosis, 1934, and Other Work.

Specimens Examined.	Totals.	Positive.	Negative.
Diphtheria—Routine Examinations.			
Local Practitioners	88	5	83
Isolation Hospital	61	13	48
Outside Authorities	31	3	28
Medical Officer of Health and School Medical Officer	34	3	31
Tuberculosis (Sputums)	44	4	40
Ringworm	—	—	—
Other bacteriological examinations	—	—	—
Totals	258	28	230
Other Examinations.	Totals.	Up to Standard.	Below Standard.
Gerber Tests	411	346	65

In addition to the figures recorded above the routine bacteriological examination of water, referred to in another section of this Report, was carried out.

2.—Ambulance Facilities.

During the year a new Armstrong Siddeley Ambulance was purchased at a cost of £780 to replace the old ambulance, which was worn out.

The ambulance service was transferred from a private garage to the premises owned by the Council at 36, Mill Street, and the service was transferred from the Watch Committee to the Fire

Brigade Committee. The old ambulance is available for use in emergency.

The ambulance service is available free of charge in the case of sudden illness or accidents occurring in the streets in the Borough. It is also available in accordance with a fixed scale of charges for removal of patients to and from home and hospital or nursing home.

The purchase of the new ambulance, the transference of control, and the provision of a garage at Mill Street have resulted in considerable increase in efficiency of the service in that the vehicle itself is more efficient and there are now no difficulties in the way of a constantly efficient day and night service.

3.—Nursing in the Home.

No change took place in the arrangements in the area for general nursing or for the nursing of infectious diseases.

4.—Clinics and Treatment Centres.

There were no changes in the Clinics and Treatment Centres during the year under review apart from the fact that on account of the increase in attendances the Medical Officer of the Child Welfare Centres began to attend the Community Hall Centre instead of 3, Brereton Road on Wednesday afternoons, to which further reference is made in the section of the report dealing with Maternity and Child Welfare.

5.—Hospitals.

No change took place in the hospital arrangements of the Borough.

6.—Institutional Provision for Mothers and Children.

There have been no changes in arrangements under this heading.

7.—Midwifery and Maternity Services.

(a) Midwives Acts 1902-1926.

During the year 26 midwives sent in notifications of their intention to practise midwifery. Many of these notifications refer to midwives in institutions who have undertaken temporary duty only. The number of midwives in private practice who notified their intention to practise was 10, and there were in addition two district nurses. The following list gives the number of cases attended by the midwives in the various classes of practice. Since some of the midwives practising in the Borough also practise outside, figures in brackets are given to indicate the total number of cases attended by midwives, whether within or without the area.

	No.	As Midwife.	As Maternity Nurse.	Total.
Midwives in private practice	10	297 (373)	61 (68)	358 (441)
District Nurses	2	9 (14)	3 (7)	12 (21)
Midwives attached to Bedford County Hospital	6	114 (114)	49 (49)	163 (163)
Midwives attached to Public Assistance Institution ...	7	78 (78)	3 (3)	81 (81)
Midwife attached to Bedford and County Girls' Home	1	24 (24)	—	24 (24)
	—	—	—	—
Totals	26	522 (603)	116 (127)	638 (730)
	—	—	—	—

The district nurses who are included in the table for the first time during the year under review are those nurses who work in the Goldington and Cardington districts; in the case of the former the greater part of the area in which she works is included in the Borough, while the latter nurse takes an occasional case in the Borough.

The following table shows the number of notices received from those midwives in general and institutional practice. The effect of the new rules of the Central Midwives Board in Section E, to be referred to later, is to render subject to the rules those midwives working in the County Hospital and St. Peter's Hospital, who had previously been regarded as exempt. The figures in the latter column include some notices received from midwives in the latter institution, while in the case of the former institution the midwives sent no notices during the year under review, a point which was not insisted on in order that an opportunity might be given to consider the question of exemption from the rules. The midwives in this institution are now complying with the rules. Midwives when acting as maternity nurses are responsible for sending out only those notices marked with an asterisk.

	Midwives in Private Practice and District Nurses.	Midwives in Institutions.	Total.
Sending for medical help	83	21	104
Deaths of (1) Mothers	—	1	1
(2) Children	3	2	5
Stillbirths	4	—	4
*Laying out the dead	—	—	—
*Contact with infection	11	3	14
Artificial feeding	12	1	13
	—	—	—
	113	28	141

It will be seen that medical help was sent for in 83 out of 306 or 27.1 per cent. of these cases attended by midwives in private practice or in their district. This proportion shows a constant tendency to rise, no doubt on account of the insistence that a doctor must be sent for in all cases where it is required by the rules and in all cases where the interests of the patient require it, even if only as a precautionary measure.

The following table shows the work carried out by the Inspector of Midwives :—

Number of routine visits to midwives	...	...	38
Number of special visits to midwives	...	...	21
Number of interviews at office with midwives	...		17
Number of visits of enquiry, other than to midwives, in connection with ophthalmia neonatorum	...		1
Number of visits of enquiry, other than to midwives, in connection with puerperal fever or pyrexia	...		3
Number of visits of enquiry, other than to midwives, in connection with stillbirths	...	...	—
Number of visits in connection with medical help not included in above	...	...	53
Number of visits in connection with other matters under Midwives' Acts	...	...	7
Number of useless visits (midwife or patient not at home)	...	...	8

Under Section 14 of the Midwives' Act, 1918, the Council is responsible for repayment of the fees of doctors called in by midwives, and recovering all or part of the cost from the patient, except in those cases where the doctor obtains his fee directly from the patient, or there is any other arrangement for payment of the doctor. The following table shows the number of cases in which fees were claimed and the amount of such fees, together with the amount recovered. Notices received from those midwives working in institutions where medical officers do not claim fees from the Town Council are not included in the table :—

Number of cases in which midwives in private or district practice or in the Girls' Home sent for medical help	...	...	104
Number of cases in which doctors claimed fees from the Town Council	...	...	72
Amount of doctor's fees paid by the Town Council	£91	9 6	
Amount recovered from the patients	...	...	£45 6 3

The amount received from patients includes a sum of £36 11s. 9d. paid up to December 31st, 1934, in respect of patients in which

medical help was sought during the year under review and £8 14s. 6d. in respect of patients for whom medical help was sought during previous years.

Midwives were suspended from practice for short periods on account of liability to be a source of infection in 10 cases relating to 6 midwives. Compensation to the amount of 15s. was paid to one of the midwives in question on account of such suspension.

In order to compensate midwives for loss of fees in those cases where their patients for whom they have carried out ante-natal care are removed to hospital, your Maternity and Child Welfare Committee pays compensation of 15s. in respect of each case. During the year 30s. compensation was paid in respect of 2 cases.

On October 1st the new rules of the Central Midwives Board in Section E came into force. These rules contained certain alterations in procedure designed to be an improvement on the old rules. They apply to midwives working in institutions, although their application to such midwives is difficult, and in their natural interpretation they are really only adapted to midwives working in private practice or on a district. However, the matter was taken up with the medical men and the authorities of the institutions concerned, and the best that can be done is now being done in the way of compliance with the rules by the midwives concerned. Otherwise the new rules have entailed little change in procedure.

(b) Complicated Midwifery Cases.

The Council accepts financial responsibility for maternity cases admitted to the County Hospital which are likely to prove difficult or complicated, and where patients are not in a position to make their own arrangements for payment.

The following table shows the number of patients so dealt with:

Number of cases admitted to hospital during the		1933.	1934.
year	...	11	18
Average duration of stay of each patient in			
hospital	...	17.7 days	18.2 days
Total sum paid by Borough in respect of such			
patients	...	£99 2 10	£135 16 0
Total sum recovered from patients			
	...	£68 15 9	£53 8 3

The sum given as having been received from patients includes £35 12s. 4d. received up to December 31st in respect of patients admitted during the year under review and £17 15s. 11d. in respect of arrears of payment of patients admitted in previous years.

(c) Maternal Mortality.

Two cases of death from causes connected with parturition took place. In one case death was due to puerperal fever after a full-time labour, while in the second case death was due to the same condition following an abortion at the eighth week. In addition to these cases 5 cases of deaths occurred in institutions of persons residing elsewhere. The number of deaths of residents corresponds to a maternal mortality rate of 3.7 per thousand live births, which may be compared with the rate of 4.60 for England and Wales. Enquiries are made into all cases of maternal deaths by your Medical Officer of Health and a confidential report sent to the Ministry of Health in connection with the investigation of causes of maternal mortality which is still in progress.

In order to prevent those maternal deaths which are preventable a report recommending certain expansions of the maternity services was submitted to your Maternity and Child Welfare Committee and in principle approved at the end of the year under review. It is hoped that in the present year these recommendations will be carried out.

In general terms the more important recommendations are as follows:—

1. In necessitous cases fees of midwives acting as maternity nurses to be paid in whole or in part by the Town Council in those cases where a doctor is engaged for the confinement.

2. The Town Council to pay the fees of general practitioners who undertake ante-natal examinations in those cases where a midwife is engaged for the confinement.

3. In necessitous cases fees of approved Home Helps to be paid in whole or in part by the Town Council.

4. Dental treatment to be made available for expectant and nursing mothers.

It must be admitted that, up to the present, in spite of the multiplication of schemes for the prevention of maternal mortality, the rate of mortality, except in isolated areas or institutions has shown a tendency to increase rather than to diminish. Perhaps little else was to be expected. In place of early marriages and more or less continuous child-bearing, and an attitude of mind which regarded child-bearing as a natural and necessary process, we have now late marriages, prolonged birth-control, later child-bearing, fear of giving birth to children, and an attitude of mind which is in part cause and in part effect of these conditions. In correspondence with this mental attitude, the whole process of child-bearing tends to become more and more difficult and abnormal, and in consequence to be accompanied

by greater morbidity and mortality. Since, however, it is impossible in this generation to change the present trend of civilisation, there would seem to be no alternative but to try, as far as may be, to counteract some of its effects (even though it may be doubtful to what extent the objects in view will be attained) by schemes for extending the maternity services, for providing more supervision during pregnancy, and ensuring better conditions during labour and the puerperium.

8.—Maternity and Infant Welfare Centres.

(a) Premises and Attendances.

The following table shows the total attendances at the Centres for 1934 as compared with 1933.

	1934.	...	1933.
Total attendances at No. 3 Brereton Road ...	7140	...	7170
Total attendances at Kennedy Road, 1933			1095
Total attendances at Community Hall, 1934	2332	...	—
	—		—
Total at both Centres ...	9472	...	8265
	—		—
Number of individual children attending at No. 3 Brereton Road ...	583	...	600
Number of individual children attending at Kennedy Road, 1933 ...			83
Community Hall, 1934 ...	217	...	—
	—		—
Number attending both Centres ...	800		683
	—		—
Number of individual mothers attending No. 3 Brereton Road ...	485	...	497
Number of individual mothers attending Kennedy Road, 1933 ...			57
Community Hall, 1934 ...	152	...	—
	—		—
Number attending both Centres ...	637		554
	—		—
Ante-natal visits ...	362	...	234

At the beginning of the year the use of the premises at Kennedy Road was discontinued and sessions were held in Community Hall, Faldo Road, on the Housing Estate. It will be seen that the attendances in this area increased very much in 1934 as compared with 1933, and this increase was no doubt due in part to the expansion of population in this area in consequence of the growth of the housing

estates and in part also to the fact that as from April 1st last the housing estates have been entirely within the Borough boundary and have, therefore, been visited by the Borough health visitors. In view of the increase in numbers the Medical Officer of the Centres now attends Community Hall on Wednesdays instead of Brereton Road. This change was made during the course of the year and related at first to alternate Wednesdays and later to all Wednesdays. Sessions are also held on Fridays at which the doctor does not attend. Sessions are now held at Brereton Road on Tuesdays and Thursdays, when the doctor attends, and on Wednesdays when she does not attend. Ante-natal sessions are held at Brereton Road on Mondays.

Although the premises at Community Hall have served a useful purpose in providing a centre for the needs of the housing estates, yet, in view of the increased numbers, they are now really unsuitable for the purpose. In view of the fact that there is no separate room for the doctor, examinations are very difficult, and anything in the way of ante-natal examinations is quite impossible. On account of these facts and the probability that the population in the area south of the river will continue to expand, your Maternity and Child Welfare Committee have under consideration the erection of a new centre to serve the needs of the growing population.

Much help in the work of the Centres is received from Voluntary Workers, who help with the work of the Centre, and from members of the Women's Co-operative Guild, who supply tea to the mothers at a small cost.

(b) Sale of Foods.

Dried milk and Virol are sold at cost price to parents attending the Centres. It is a condition of sale that the child for whom the milk is obtained should attend the Centres regularly. Fresh and dried milk are given free to those children whose parents are unable to afford it, and in whose case it is necessary on the grounds of health. Before any milk is so given, it must, except in case of emergency, be authorised by the Medical Officer of Health, and a member of the Maternity and Child Welfare Committee, and all authorisations are reviewed by a sub-committee of this Committee.

Cod liver oil, cod liver oil and malt, cod liver oil and malt with Parrish's food, and some Haliverol, are also distributed free to those children in need of it from a special fund for this and other purposes.

The following tables show the amount of milk and other foods distributed free and sold, the figures for 1933 being given for comparison.

LIQUID MILK DISTRIBUTED FREE.

1933.	1934.
3,406½ pints.	6,073 pints.

SALE OF OTHER FOODS.

Foods	Sold at full cost		Sold at half cost		Given free		Total amount of Food disposed of		Cash received from Sales	
	1933	1934	1933	1934	1933	1934	1933	1934	1933	1934
	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	£ s. d.	£ s. d.
Dried Milk	1139	1542	—	—	117	107	1256	1649	98 12 0	137 13 0
Virol ...	172	374½	—	—	54	83	226	457½	15 18 6	28 1 9

In addition to the foods given in the tables above there were distributed from the special fund 141 lbs. of cod liver oil and malt, 57 lbs. of cod liver oil and malt and Parrish's food, in addition to some cod liver oil and 45 c.c. of Haliverol.

It will be seen from the figures that there has been a considerable increase in the total amount of dried milk and virol distributed at full cost and given free, and also in the amount of liquid milk given free. This increase is to be accounted for by the better contact that has been established with the mothers and children living on the housing estates, and, so far as the distribution of free milk is concerned, indicates, not that there is any greater need than in previous years for the provision of this service, but that the existing need is being better met.

(c) Ultra-Violet Treatment.

Sessions are held at 3, Brereton Road twice weekly on Wednesday and Friday mornings for this form of treatment.

The following table shows the extent of work undertaken:—

			1933.	1934.
Number of sessions held	...	...	76	70
Total number of attendances	...	...	359	278
Number of individual children treated	...	...	38	25

Further reference to this treatment will be found in the report of the Medical Officer of the Centres.

**(d) REPORT BY DR. DORA MASON, M.A., M.B., B.S.,
Medical Officer in Charge of Centres.**

CHILD WELFARE CLINICS.**Brereton Road Centre.**

It might have been hoped that the abundance of sunshine in 1933 would result in an increased resistance to catarrhal infections in the early months of 1934, but the Welfare Centre yielded no evidence that this was the case.

As usual children have occasionally been brought to the Centre while suffering from a Febrile illness of which the mother was quite unaware, having noticed only a lack of appetite; but on the whole mothers are quite observant even of slight deviation from usual health though sometimes satisfied with a lamentably low standard of general condition especially in the older children. One does, however, meet here and there indications that the younger mothers recognise that standards have risen and that their own mothers or grandmothers are not necessarily the best sources of information and advice; the authority of the "wireless doctor" is even beginning to be quoted.

Out of 208 babies who were six months old or less at their first visit only 124 were wholly breast fed. In some cases, no doubt, breast feeding is abandoned all too readily, but in many others it must be admitted that the milk fails in spite of all efforts, or is found not to agree with the baby. Unfortunately also the belief is not yet dead that natural and artificial feeding cannot be combined, so that the baby is often unnecessarily relegated entirely to the bottle.

The addition to the diet (whether human or cow's milk) of iron and ammonium citrate in the case of premature, small or pale babies, twins or babies of anaemic mothers, has continued to be attended with satisfactory results.

It is a great advantage to be able to send to the dental clinic children whose teeth would certainly otherwise lack the necessary treatment.

Community Hall.

This hall is admittedly unsuitable for a Welfare Centre, and the work is carried on there under considerable handicaps. Owing to the difficulty of handling such large numbers in such inconvenient quarters, it is impossible for as many of the children as is desirable to come under medical observation.

There is a proportionately larger number of older children than at Brereton Road Centre, and the general impression gained is that among them malnutrition is very prevalent, a condition of things reflected in the length of the free milk list.

Sunlight Clinic.

Treatment was given to 25 children, most of them suffering from mild degrees of rickets, malnutrition, enlarged glands, or chronic bronchitis. As before some sessions were omitted in the summer months. Results were in most cases satisfactory, but again it was sometimes necessary to abandon treatment because the child

was said to be made irritable thereby. The "goggles" are unfortunately the cause of terror to some children.

Ante-Natal Clinic.

Of the 106 expectant mothers attending the centre during the year 96 attended for the first time. Of these 51 were expecting their first babies.

Nine were sent by the Health Visitors, 42 by the midwives engaged for the confinements, who sometimes accompanied their patients. Thirteen who had arranged to enter St. Peter's Hospital were sent by the Public Assistance Authorities, and 7 by doctors. Thirteen came on their own initiative and 12 were sent by friends. Nine had attended during a previous pregnancy. From this figure it is seen that midwives sent twice as many as last year, while twice as many as last year came of their own accord or at the instigation of friends. It would seem from this that the recognition of the desirability of ante-natal care is making headway.

It is difficult as it would be encouraging to cite definite instances where one could affirm without doubt that danger or even fatality at confinement has been prevented by ante-natal supervision, but however high or low a place may come to be assigned to the achievement of ante-natal clinics in the general effort to reduce maternal morbidity and mortality, one does get the impression that many women approach their confinements with a feeling of greater confidence and security as a result of medical supervision, and that here and there a disaster may have been averted. Very few expectant mothers have failed to attend as often as advised and many elected to attend to the very last week (or even day) of pregnancy.

Seventy reports of confinements have been received during the year. In six cases medical help was necessary for instrumental delivery, and in sixteen others for treatment of mother or baby after delivery. There was no maternal death, but two babies died; one of these was a twin and the mother of the other had had persistent albuminuria.

Apart from any abnormalities of pregnancy the maintenance of the general health and nutrition of the expectant mother is naturally of great importance.

Towards this end are directed advice as to general health and diet, provision where necessary of free milk, and cod liver oil and malt, and reference of certain cases to the care of doctor, hospital or dentist. Dental treatment is advisable, but is impossible for financial reasons in many cases, and the proposed establishment of a dental clinic should prove a great benefit.

(Signed) DORA MASON.

9.—Health Visiting.**(a) Work of Health Visitors.**

The total number of births notified in the town after correction for residence of parents is 561. The number is arrived at after allowance has been made for outward transfers of births in cases where parents were residents outside the Borough and inward transfers of births where the birth took place outside the Borough though the parents were normally resident within the Borough. The following table shows the number of births occurring in institutions and those occurring in private practice, of doctors and midwives, both of the total notified before correction, and the number after correction for outward transfers only, the information required for the table not being available in the case of inward transfers.

Table of Live Births Notified.

				In Institutions.		In Private Practice.	
						By Doctors.	By Midwives.
Total	...	...	...	244	...	140	329
After correction of outward transfers only	...	...	...	97	...	114	315

The total number of births notified, namely 561, shows a considerable increase over the number for the previous year (452). This increase is to be accounted for by the fact of the extension of the Borough boundary on April 1st, 1934. Previous to this date a large number of the houses on the municipal housing estates occupied by young and growing families had been outside the Borough boundary, a fact which had resulted in a considerable diminution in the number of births within the Borough.

In consequence of this inclusion of the whole of the housing estates as well as extension of the Borough boundary in other directions, the number of visits paid by the Health Visitors shows an increase on the previous year as is shown in the following table:—

	1933.	1934.
Total primary visits paid to infants	387	473
Total re-visits, under 1 year	1626	2018
Total re-visits, 1 to 5 years	3669	3868
Total number of ante-natal visits	84	107
Total number of special visits	368	408
Total number of useless visits, <i>e.g.</i> mother not at home	1005	1003

Visits are paid by the Health Visitors to all infants except where such visits are obviously unnecessary. The table shows that of the

corrected total births notified, 84.3 per cent. were visited by the Health Visitors.

The general scheme of health visiting provides for the payment of a first visit as soon after the tenth day as possible, and at intervals thereafter till the age of 5 years. There are three Health Visitors on the staff, two employed whole-time, and one part-time, the last also acting as school nurse. In addition to their work in visiting, a large part of the time of the Health Visitors is taken up in attendance at the Centres and in work at the treatment clinics.

As an indication of the success of the Health Visitors in encouraging natural, as opposed to artificial, feeding, the following table gives the number of children found to be breast fed or artificially fed on visits paid at or soon after, six months, during the year under review, the figures for the previous year being given for comparison.

	Entirely breast fed.		...	Partially breast fed.		...	Artificially fed.	
	1933	1934		1933	1934		1933	1934
Regular attendants at Centres	43	54	...	7	14	...	57	53
Children visited at home not included in above ...	115	127	...	9	15	...	94	107
Totals ...	158	181	...	16	29	...	151	160

10.—Infantile Mortality.

During the year 19 deaths of infants under 1 year of age took place, corresponding to an infant mortality rate of 35 per thousand. The rate for the country as a whole was 59.

The table of causes of death and age at death will be found in an earlier section of the report.

11.—Dental Treatment for Children below School Age.

(a) Scope of Work.

A dental clinic is held for children under school age in need of such treatment. The time devoted to this clinic is equivalent to approximately one half-day session a month. Such children are discovered by the Health Visitors in the course of their ordinary visiting, and when the parents are willing they are advised to bring the children to the clinic for treatment.

Since the expansion of the School Dental Service an anaesthetist has been available for those children requiring extractions.

The following table shows the extent of work done:—

	1933.	1934.
Number of sessions held	10	10
Number of individual children attending	75	87
Number of attendances made by these children	102	106
Number of extractions	163	195
Number of fillings	78	17
Number of general Anaesthetics	—	10

The report of the Dental Officer is subjoined.

**(b) REPORT OF THE DENTAL OFFICER,
V. A. VASEY, Esq., L.D.S., R.C.S. (Eng.).**

The treatment of the children under the Welfare Dental Scheme during the year 1934 has mainly consisted of extractions and very little conservative work has been possible.

The greatest obstacle to conservative treatment experienced during the last year is that the child is not brought for attention until something is radically wrong with its teeth, and either they are giving the child great pain due to abscesses or to a general septic condition of the mouth.

A great number of parents think it is unnecessary to have their little ones' teeth attended to because they are only baby teeth, and very often it is only when they get bad enough to worry the parent that they seek relief. This is a mistaken idea, for the retention of the deciduous teeth until they are due for normal shedding ensures, in most cases, that the permanent dentition erupts in perfect alignment and hence the risk of overcrowding is minimised.

In later years one sees in school children irregularity of the teeth which could have been avoided during babyhood days by conservation of their teeth.

However one has to work according to the conditions obtaining at the time the parent brings the child for treatment.

A good scheme, if it could be satisfactorily worked, would be for a general inspection of the children irrespective of whether there is anything to do.

Parents could then be told and encouraged to take their children to the Clinic and have whatever necessary work there may be, attended to, before it is too late.

In this way it would be possible to discover small cavities, often unnoticed by the parents, and conservative work could be done, thus

saving the child's teeth and avoiding the consequences that have been mentioned.

It is known, and much appreciated that the Health Visitors do a great deal in trying to persuade parents to take their children to the Welfare Clinic, but it is doubtless a very difficult task. They are, however, doing their utmost to educate parents up to the idea of periodic examination of their children's teeth.

A number of children have had extractions under a general anaesthetic and this is proving to be very successful because of the elimination of pain and fear. A child does not understand what is happening, and as the administration is over in a few minutes the child is, more often than not, unaware of what has actually happened.

Again one must repeat that there is undoubtedly great room for development of the work of the clinic, and with the co-operation of the parents quite a lot of needless suffering and irregularity of the permanent teeth could be avoided.

My thanks are due to the Health Visitors for their help in bringing to the notice of the parents the value of the clinic and to Dr. Brough and Nurse Dickson for their valuable help in the general anaesthetic clinics.

(Signed) V. A. VASEY.

12.—Children Act 1908, Part I, Infant Life Protection, and Children and Young Persons Act 1932.

These Acts provide for the supervision of all children who are put out to nurse apart from their parents for payment. The Health Visitors act as Infant Protection Visitors under the Acts. Generally it may be said that the conditions under which such children are kept are good and they are usually single children; there is nothing approaching to a "baby-farm." At the same time there is in a proportion of cases a failure to comply strictly with the law relating to the giving of the necessary notices, especially the notices of reception which should be given *before* the reception of the child. Since this is generally due to ignorance it has not been considered necessary to take any legal proceedings for such failure to comply strictly with the law.

The following table shows the work done under the Act:—

Number of primary visits under Children	1933.	1934.
Act, 1908	17	18
Number of re-visits	112	89
Number of special visits	13	11
Number of useless visits	11	19
Number of preliminary visits (before reception of child)	—	3

13.—Nursing Homes Registration Act, 1927.

During the year the use of one small maternity home was discontinued so that there are now 6 registered homes in all, including 3 premises of larger type used for maternity and other cases, two small maternity homes, and the Bedford and County Girls' Home.

The total number of beds in these homes is now 17 maternity beds and 39 other beds.

The smaller homes are inspected by your Inspector of Midwives at the same time that she carries out the inspection of midwives, while the larger homes are inspected from time to time by your Medical Officer of Health.

No formal applications were received for the establishment of nursing homes during the year. Informal enquiries were made with reference to the proposed establishment of one new nursing home in the premises previously occupied by that home which was discontinued during the year. On account of certain difficulties in putting the house into a proper condition of sanitation the proposal was dropped.

The Bedford County Hospital is exempted from the provisions of the Act.

III. Sanitary Circumstances of the Area.

I am indebted to the Borough Surveyor for much of the information under the following headings relating to water, drainage and sewerage, and scavenging, showing developments which have taken place during the year under review.

1.—Water.

(a) Quantity, Quality and Treatment.

The water has continued to be satisfactory in quantity and quality during the year.

Bedford was more favourably situated in the matter of water supply than many areas. Notwithstanding the drought there was at no time any difficulty in obtaining an adequate supply of water from the river and the rock, though the flow of the river was naturally very much reduced in quantity.

Bacteriological samples are taken weekly from the water after final treatment, either at the works or from a tap in the town, and monthly from each of the following points:—the river, the rising main, the old storage reservoir, one of the new storage reservoirs, the effluent from each of the filters taken separately, and the water consisting of the combined effluent from all the filters at the inlet to the chlorinating tank before final chlorination.

The results indicate that the water is of good quality. The following are typical results of analysis, which on the whole show little variation.

Date.	Number of colonies growing on gelatine in 3 days at 22 degrees C.		Number of colonies growing on agar in 24 hours at 37 degrees C.		Present in	B.Coli.		
						Absent in		
<i>River.</i>								
25/6/34	...	Liquefied	184	...	1 c.c.	...	0.1 c.c.	
<i>Rising Main.</i>								
12/11/34	...	368	...	22	...	10 c.c.	...	1 c.c.
<i>Old Storage Reservoir.</i>								
10/9/34	...	684	...	26	...	50 c.c.	...	20 c.c.
<i>New Storage Reservoir.</i>								
11/6/34	...	472	...	4	...	100 c.c.	...	50 c.c.
<i>Effluent from Filter No. 4.</i>								
24/9/34	...	4	...	2	...	—	...	100 c.c.
<i>Inlet to Chlorinating Tank.</i>								
25/6/34	...	42	...	10	...	—	...	100 c.c.
<i>Outlet to Chlorinating Tank.</i>								
30/7/34	...	19	...	6	...	—	...	100 c.c.

On all occasions *b. coli* was absent from 100 c.c. of the treated water. In the great majority of cases it was absent from 100 c.c. of the water after filtration but before chlorination, and in all but exceptional cases the gelatine count of the filtered water before chlorination was well below 100. It will be seen, therefore, that the water even before final chlorination nearly always reached the highest drinking water standard. The dose of chlorine during the year was kept at 1 part per million.

The potassium permanganate treatment was continued during the year. The difficulties which followed the interruption of this treatment by frost in December, 1933, have been successfully overcome. No algal difficulties have been experienced during the year, in spite of the drought and consequently low state of the river.

As a result of further experience with potassium permanganate treatment, triple dosages are now applied. The initial dose averages 5 lbs. of permanganate per million gallons of water. The secondary dose averages 3 lbs. per million gallons, and is applied at the inlet to the precipitation basin, but only when the coagulation treatment is not being used. A third dose averaging $2\frac{1}{2}$ lbs. per million gallons is given at the central chamber immediately before the water is distributed to the filter beds.

Alumina-sulphate has been applied as a coagulant before filtration for a total period of 54 days. This treatment has proved effective and experiments are proceeding with double coagulation. "Alfloc" sodium-aluminate has been injected as the primary coagulant on these occasions.

The object of the experiment has been to establish a satisfactory form of treatment for dealing with greater quantities of river water which may have to be used in the future, when additional supplies are given to the Rural District Council.

The substitution of valve hydrants for ball hydrants on the distribution system is proceeding.

Water mains and service pipes have been laid for new estates, including the Elstow Road and Corporate Estate, Goldington Road.

The whole of the water in the past year has been pumped by the newly-installed electrical pumps. Two steam-driven pumps are, however, retained as "standby."

(b) Water Supply of Extended Borough.

The incorporation of the added areas within the Borough on April 1st introduced certain additional problems of water supply, and

a systematic survey of the water supply of certain premises in the old Borough which were known not to have a piped supply, and all premises in the added areas, was carried out during the year. The results are indicated below.

OLD BOROUGH.

At the beginning of the year under review all the houses in the old Borough were supplied with town water with the exception of three cottages situated in remote parts which obtain their supply from wells. Two samples of water were examined from two of these wells and both were reported upon as being totally unfit for drinking purposes. In one case the cottage has now been demolished, while in the other case, on account of the high cost of providing a public supply no action was taken. The remaining cottage is situated in such a position that the provision of a piped supply is not reasonably practicable.

GOLDINGTON VILLAGE.

Nearly all houses have an internal water supply. There are, however, 61 houses which derive their water from stand-pipes, 22 in number. Ten cottages are, at the time of writing, supplied by wells, five in number. In addition during the course of the year a piped supply was substituted for two houses previously supplied by wells, of which the water had, on analysis, been proved unfit for drinking purposes. When sewerage of this area is undertaken the matter of provision of a piped supply for those houses at present dependant on wells and of an internal supply for those houses dependant on stand-pipes will also require consideration.

GOLDINGTON—KIMBOLTON ROAD AND PUTNOE LANE AREA.

All houses are provided with a piped water supply.

CARDINGTON.

The seven houses are, at the time of writing, provided with an internal water supply. One house, supplied by a well, was demolished during the year.

EASTCOTTS—OLD FENLAKE.

The 10 houses are supplied by wells, eight in number. Samples were taken from 5 of these wells, which in 2 cases were reported on as unfit and 3 as fit for drinking purposes. In view of the situation of these wells, in no case can their use for drinking purposes be regarded as entirely satisfactory. The Waterworks Committee have, in consequence, decided to extend the watermain to Old Fenlake with a view to providing these houses with a satisfactory supply.

EASTCOTTS—NEW FENLAKE.

All these houses are now provided with an internal water supply. The water main was extended to this hamlet before its incorporation in the Borough.

EASTCOTTS—NEW HARROWDEN.

The houses in this hamlet are now provided with an internal water supply. The main was extended to this hamlet immediately before its incorporation in the Borough. The individual houses were visited by the Sanitary Inspectors in order to secure the provision of an internal supply to all the houses.

BIDDENHAM.

All houses are provided with the town's water except an isolated row of six cottages, which are supplied from a well. A sample of water taken from this well was reported on as being satisfactory, and it is not proposed to take any action with regard to providing a piped supply.

CLAPHAM.

Of the nine houses included in the Borough five have an internal water supply, while four are dependent on stand-pipes. These four will probably be demolished in the near future.

(c) Rainfall.

The rainfall registered by the rain gauge in Bedford Park in 1934 is set out below. Though still below the average the rainfall shows an increase of nearly three inches on the figures for the preceding year.

						<i>Inches.</i>
January	...	...	...	...	...	0.77
February	...	...	...	...	...	0.51
March	...	...	...	...	...	1.07
April	...	...	...	...	...	1.01
May	...	...	...	...	...	0.55
June	...	...	...	...	...	0.82
July	...	...	...	...	...	1.41
August	...	...	...	...	...	1.91
September	...	...	...	...	...	2.07
October	...	...	...	...	...	1.32
November	...	...	...	...	...	1.88
December	...	...	...	...	...	3.42
						—
Total	...	...	...	...	...	16.74
						—

2.—Drainage and Sewerage.

There have been no developments of any note in connection with sewers and sewage disposal. The regular flushing and inspection of sewers has been carried out and defective lengths relaid and made good where necessary.

3.—Rivers and Streams.

Any pollution in the river has been traced to its source and where possible, action has been taken to prevent any recurrence.

4.—Closet Accommodation and House Drainage.

The following table shows the type of closet accommodation where premises are not connected to the sewer in the old and new Borough at the end of the year.

Situation and total number of houses in brackets	No. of premises not connected to sewer	Water Closets draining to Cesspools	Pail Closets	Middens	Chemical Closets	Septic Tanks	W.C.'s draining to Ditches or on Land
Old Borough (10,731) ...	19*	1	13	1	3	1	—
Goldington Village (448) ...	446	222	219	1	4	—	—
Goldington—Kimbolton Road & Putnoe Lane Area (88)	53	45	5	—	—	—	3
Biddenham (30) ...	29	23	6	—	—	—	—
Eastcotts—Old Fenlake (10)	10	2	8	—	—	—	—
Eastcotts—New Fenlake (58)	58	—	58	—	—	—	—
Eastcotts—New Harrowden (108) ...	108	54	50	—	4	—	—
Cardington (7) ...	7	3	2	—	—	—	2
Clapham (9) ...	9	—	8	—	—	1	—
Totals ...	739	350	369	2	11	2	5

*9 of these are in connection with works premises.

The following remarks on the table may be made with reference to the old Borough and the added areas.

OLD BOROUGH.

In the case of the 19 premises in the old Borough connection to the sewer is not practicable on account of their situation.

GOLDINGTON VILLAGE.

A sewerage scheme has been submitted to the Ministry of Health and on its completion steps will be taken to secure conversion of

pail closets to water closets and connection to the sewer of houses at present provided with pail closets and water closets draining to cesspools. The one house with a midden will be demolished this year.

GOLDINGTON—KIMBOLTON ROAD AND PUTNOE LANE AREA.

Thirty-five premises are connected to the sewer, while the remainder, 53, are for the most part provided with water closets draining to cesspools. Of 5 houses in Kimbolton Road which were still provided with water closets and cesspools at the beginning of the year under review, where sewer connection was available, 3 have now been connected to the sewer, while in the remaining 2 the work should be completed early this year. It is not proposed for the present to extend the sewer beyond the old Borough boundary in Kimbolton Road so that cesspools will have to be retained in houses situated here.

CARDINGTON.

Sewer extension is not proposed in the case of these houses. One house with a midden in this area was demolished during the year.

EASTCOTTS—OLD FENLAKE.

Sewer extension is not proposed in the case of this hamlet.

EASTCOTTS—NEW FENLAKE AND NEW HARROWDEN.

Schemes for sewerage have been submitted to the Ministry of Health, and if sanctioned conversion of pail closets and connection to sewer will so far as possible be undertaken.

EASTCOTTS—CORPORATION HOUSING ESTATES.

The 310 houses on these estates are already connected to the sewer.

BIDDENHAM.

A scheme for the sewerage of 23 houses at present provided with cesspools in this area has been submitted to the Ministry of Health.

It is not proposed to extend the sewer to the six cottages situated at Old Ford End at present provided with pail closets.

CLAPHAM.

Four of the cottages in Clapham will be demolished in the near future.

Of the 5 remaining, 4 are provided with pail closets, and 1 with water closet and septic tank. Conversion and connection to the sewer

will be carried out in the 4 cases where there are pail closets, while no connection will be practicable on account of distance in the remaining case.

5.—Public Cleansing.

The total amount of refuse dealt with at the Destructor during the year was 10,671 tons. Of this, 10,184 tons was house refuse and 487 tons trade refuse.

Pail closets from the houses at New Fenlake have been periodically emptied and cleansed during the year, and from the houses in the remainder of the added areas from the time of their incorporation in the Borough.

6.—Sanitary Inspection of the Area.

For details of the sanitary inspection of the area including work under the Public Health and Housing Acts, in connection with Houses let-in-Lodgings, Common Lodging Houses, Factory and Workshops Act and other matters reference is made to the Report of the Senior Sanitary Inspector at the end of this report.

7.—Smoke Abatement.

There are 34 chimneys belonging to factories or works in the Borough, which shows an increase of one over the previous year on account of the inclusion within the Borough of the chimney from the dust destructor which, before April, 1934, was outside the Borough boundary. Six chimneys out of the total number are not in use.

In only a few instances was emission of black smoke observed on casual observation. It was found necessary to record formally only five half hourly observations of one chimney, in three of which the emission of black smoke was found to be in excess of the amount permitted by the Byelaws. After calling the attention of the manager of the works concerned to the matter subsequent observations showed that the nuisance arising from smoke had been remedied.

The Byelaw relating to smoke abatement in the Borough was adopted in January, 1933, and prescribes that a nuisance shall be deemed to exist if black smoke is emitted from any one chimney to an aggregate of two minutes within a period of thirty minutes.

8.—Schools.

No changes have taken place in the sanitary conditions of the schools since the date of my last report. The question of converting the old trough closets in existence at some schools with closets of

modern type, is again under the consideration of the Education Committee. The scheme of conversion would have been completed some years ago had it not been for the economic crisis of 1931. At present the Ampthill Road Schools, Goldington Road Schools and Priory Street Infants' School are still provided with trough closets. In the added area Goldington School is provided with pail closets. The conversion of these into water closets will no doubt receive consideration when the sewer is extended to Goldington. Goldington School has a piped water supply. Bedford School is still provided with trough closets.

In no case was school closure found necessary on account of infectious disease. In the elementary schools individual scholars were excluded on account of infectious disease in accordance with the Memorandum on Closure of and Exclusion from School, 1927.

IV. Housing.

1.—Statistical Table.

The following table gives the statistics of Housing Work undertaken during the year under review:—

1. Inspection of Dwelling Houses during the year:—		
(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	... ..	2049
(b) Number of inspections including reinspections made for the purpose	... ..	10557
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	... ..	1018
(b) Number of inspections including reinspections made for the purpose	... ..	8580
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	... ..	13
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	... ..	1766
2. Remedy of defects during the year without service of Formal Notices.		
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	... ..	*1776
3. Action under Statutory Powers during the year.		
(a)—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930.		
(1) Number of dwelling houses in respect of which notices were served requiring repairs	... ..	21
(2) Number of dwelling houses which were rendered fit after service of formal notices:—		
(a) By owners	... ..	21
(b) By Local Authority in default of owners	... ..	—

* This figure includes 63 houses inspected in 1933.

(b)—Proceedings under Public Health Acts.	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	3
(2) Number of dwelling houses in which defects were remedied after service of formal notices :—	
(a) By owners	3
(b) By Local Authority in default of owners ...	—
(c)—Proceedings under Sections 19 and 21 of the Housing Act, 1930.	
(1) Number of dwelling houses in respect of which Demolition Orders were made	6
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	6
(d)—Proceedings under Section 20 of the Housing Act, 1930.	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

2.—Observations on Statistics.

The 2049 houses inspected by the Sanitary Inspectors under the Housing Acts and Public Health Acts may be classified as follows :—

I.—Houses inspected under Housing Acts.	
(i) Reasonably capable of repair	940
(ii) Not requiring repairs	65
(iii) Totally unfit for human habitation ...	13
	— 1018
II.—Houses inspected under Public Health Acts.	
(i) Minor defects	826
(ii) Not requiring repairs	205
	— 1031
	—
Grand total	2049

Of the 940 houses included in I (i) above, 887 have been repaired and in the case of the remaining 53 the necessary works have not yet been carried out, but should be completed during the early part of the current year.

In the case of the 826 houses included in II. (i) above, all the notices were complied with at the end of the year under review.

On account of legal difficulties there has been considerable delay in undertaking the work necessary to repair and improve property purchased by the Corporation in Chandos Street. The work has now begun under the supervision of the Borough Surveyor. Of the eighteen houses included in the scheme three will be demolished, while the remainder will be repaired.

3.—Housing Conditions.

(a) General Summary.

The following table gives a classified list of the estimated number of houses of different sizes at the end of the year under review. The estimation is made by adding to the Census figures of 1931, (1) those houses built in the old Borough between the date of the Census and 1st April, 1934, (2) those houses existing in the added areas on the same date as determined by a survey, (3) those houses built in the extended Borough between April 1st, 1934, and the end of the year, and by subtracting those houses known to have been demolished or converted from their use as dwelling houses between the date of the Census and the end of 1934. In view of the fact that information under all heads may not be quite complete, there may be a small percentage of error in the numbers.

Table of Estimated Number of Houses, December 31st, 1934.

Number of Rooms.	Census, 26th April, 1931.	Houses built within the old Borough 26th April, 1931, to 31st March, 1934.	Houses in Added Areas on 1st April, 1934.	Houses built in Extended Area 1st April, 1934, to 31st December, 1934.	Houses demolished or no longer used as dwelling houses. From 26th April, 1931 to 31st December, 1934.	Total houses existing at Census in old Borough plus those built since and those since incorporated minus those demolished.
1	6	—	—	—	—	6
2	56	—	—	—	11	45
3	230	—	7	—	28	209
4	1,069	2	187	—	20	1,238
5	2,625	19	588	—	20	3,212
6-8	5,449	320	207	44	14	6,006
9 or more	1,220	—	35	—	8	1,247
Totals	10,655	341	1,024	44	101	11,963
Miscellaneous institutions housing non-private families - -						206

In explanation of this table it may be said that "rooms" include

bedrooms, living rooms and kitchens, but do not include such rooms as shop rooms, bathrooms, or sculleries.

The following table shows the number of houses on the Corporation Housing Estates.

TYPE OF HOUSE.	Number of houses of each type.	Number of rooms in each type.	No. of houses containing number of rooms shown.
Parlour type with 4 bedrooms	4	6	4
Parlour type with 3 bedrooms	210	5	210
Non-parlour type with 3 bedrooms	330*	4	410
Flats, non-parlour with 3 bedrooms	80	4	
Non-parlour type with 2 bedrooms	96	3	200
Flats, non-parlour with 2 bedrooms	104	3	
Total ...			824

* Includes 12 houses in Goldington Village taken over from Bedford Rural District.

The remainder of the houses contained in the table based on the Census figures, after the subtraction of the houses on the Corporation Housing Estates, consist, so far as those houses with 4 or 5 rooms or less are concerned, almost entirely of pre-war houses in the older parts of the town.

There is some unavoidable discrepancy between the number of houses in the group containing two, three, and four rooms, as given in the Census figures and modified by later additions or subtractions, and those figures based upon estimates prepared in this department. At the time of the Census it is estimated from knowledge obtained by systematic inspection of houses that there were in the older parts of the town approximately 18 houses with two rooms and 33 with three rooms. The Census figures on the other hand, after subtracting the number of Corporation Houses in the groups in question, were 56 and 124 for two- and three-roomed houses respectively. A small part of the discrepancy may be due to dwellings situated over shops and in other places where they might escape notice. The greater part, however, must be due to the uncertainty as to what constitutes a room, in particular as to what is a "scullery." In the majority of cases where doubt is possible, in those cases, that is, where the room in question is an integral part of the house, but on account of its size can hardly be used for more than cooking, washing and washing up, in most of these cases such a "room" has been included by the Registrar-General. In some cases, however, it would appear that he has counted such a "room" as a scullery with the result

that a certain number of houses regarded in this department as four-roomed houses have become in his classification three-roomed houses, and a similar explanation may apply to the excess of two-roomed houses in the Registrar-General's figures, though probably in this case a larger proportion of the discrepancy is due to small dwellings which have escaped notice.

If, then, the interpretation of the word "rooms" which has been used in former reports be adhered to, and the cause of discrepancy between estimates based on this interpretation and the Registrar-General's figures be borne in mind, the following tabular statement may be given of the approximate number of houses of the older type, after omission of houses on the Corporation Housing Estates, according to estimates made in this Department:—

Old Houses of Smaller Type.

TYPE OF HOUSE.	Old Borough.	Added Areas.	Total (approximate).
2-roomed (living-room and bedroom) ...	14	—	14
3-roomed (living-room and two bedrooms)	18	7	25
4 rooms without additional scullery (two rooms on ground floor and two upstairs)	400	52	450
4 rooms as above but with additional scullery	600	49	650

The remainder of the houses contain from five rooms upwards.

There are now no back to back houses in Bedford. Only a few houses, 41 in number, are situated in courts or yards. Gardens generally are of a fair size, with secondary means of access in all but 118 cases. In roughly 100 cases back yards are cramped and below the standard of the Byelaws.

In the old Borough all houses with the exception of those 25 in the succeeding table have internal water supply, sinks and separate W.C. accommodation. Of the houses mentioned in the table those in Dane Street will shortly be demolished; in Richbell Cottages the work of providing additional W.C.'s and other improvements is already in hand; St. John's Place and St. Loyes Street are cottages of the type of almshouses and the sanitary accommodation is regarded as adequate; in the remaining two cottages water supply and sewer connection is impossible on account of their remoteness.

Situation.	No. of Houses	Means of Disposal of Slop Water.	Water Supply.	Closet Accommodation.
15, 17, 19 Dane Street	3	Gullies in yard	Town supply—3 taps in yard	Separate
1 to 7 Richbell Cottages	7	Sinks to gully	Taps over sinks	3 W.C.s to 7 houses
7 to 15 St. John's Place	5	Gullies in yard	3 taps in yard	3 W.C.s. to 5 houses
42 to 56 St. Loyes Street	8	Gullies in yard	3 taps in yard	4 W.C.s to 8 houses
60 Kempston Road (1 Rose Cottage)	1	To land	Well	Separate (Pail closet)
Cottage—Brick Hill Farm	1	To land	Well	Separate (Pail closet)

(b) Housing Conditions in Added Areas.

A general survey of all the 715 houses in the added areas, apart from the 310 houses on the Corporation Housing Estates, was made early in the year under review and may be summarised as follows.

PARISH.	CONDITION OF HOUSE.				Totals.
	Modern, built since 1901.	Fair condition, built before 1901.	Below reasonable standard.	Unfit for habitation	
Goldington ...	328	136	25	7	496
New Harrowden	104	—	—	—	104
Biddenham ...	24	—	6	—	30
Clapham ...	1	4	—	4	9
New Fenlake ...	—	58	—	—	58
Old Fenlake ...	1	9	—	—	10
Cardington ...	6	1	—	1	8
Totals ...	464	208	31	12	715

Of the unfit houses, two at Goldington have been closed, and one at Cardington has been demolished.

It is proposed to await the construction of sewers before dealing with the nine remaining houses classified as unfit, and the 31 houses classified as below a reasonable standard, in order that the problem of rehousing the tenants may be dealt with as a whole.

In the added areas the position with reference to internal water supply and sinks is less satisfactory than in the old Borough and is shown in summary form in the following table:—

PARISH.	Number of houses without internal water supply.	Number of Houses Supplied by		Number of houses without sinks.
		Standpipes.	Wells.	
Goldington ...	71	61	10	55
Clapham ...	4	4	—	4
Old Fenlake ...	10	—	10	2
Biddenham ...	6	—	6	6

The matter of water supply of the added areas is also referred to in an earlier section of the report.

4.—Housing Act, 1930.

(a) Houses incapable of Repair at Reasonable Cost.

During the year under review seven houses were formally represented as unfit. Action of a more informal nature resulted in the demolition of other houses, either definitely unfit or below a reasonable standard, as shown in the following table for the period 1931-1934.

This table shows the number of houses definitely unfit or of a low standard formally represented as unfit or actually demolished in each of the years, 1931, 1932, 1933, and 1934, together with remarks showing the result of the action taken, and other points worthy of comment.

Table showing Unfit Houses Demolished or closed during the years 1931 to 1934.

Year.	Situation.	No. of Houses	No. of Occupants	Date of Representation.	Date of Demolition Order.	Remarks.	
1931	4, London Road	1	5	24-2-31	Not made	Demolished, February, 1934.	
	2a, St. John's Place	1	4	24-3-31	1-6-31	Demolished, June, 1931.	
	48, 50, Castle Hill	2	12	24-2-31	Not made	Demolished, April, 1933.	
	R/o 9, St. Cuthbert's Street	1	5	1-5-31	Not made	Outhouse—undertaking accepted that premises be not used for habitation.	
	3, 4, Ram Yard	2	Nil	9-11-31	21-11-31	Demolished, 3-12-31.	
1932	1, Bell Court	1	Nil	Nil	Nil	Derelict and unoccupied dwelling—demolished by arrangement, 21-11-31.	
	9 to 14, St. Cuthbert's Square	6	17	6-9-32	15-12-32	Demolished, 31-3-33.	
	3 to 8, St. Cuthbert's Square	6	Nil	Nil	Nil	Derelict and unoccupied cottages—demolished, April, [1933.	
	52 to 62, Chandos Street	6	24	6-9-32	15-12-32	Demolished, 25-3-33.	
	19, 20, Tavistock Place	2	13	6-9-32	15-12-32	Demolished, 15-4-33.	
	29, Cobden Street	1	3	6-9-32	H'se closed	Demolished, 23-12-33.	
	7, Brace Street	1	6	6-9-32	Not made	House vacated—rendered fit. Re-let, 2 occupants only. [1-8-33.	
	81 to 87, Pilcroft Street	4	22	6-9-32	10-1-33	Demolished, 13-5-33.	
	40, Newnham Street	1	4	Nil	Nil	Dangerous building of low standard—demolished. [31-12-32.	
	1933	1 to 7, Castle Hill Cottages	7	27	27-2-33	1-6-33	Demolished, 20-11-33.
		1, 2, Ram Yard	2	27	27-2-33	1-6-33	Demolished, 20-11-33.
		27 to 31, All Hallows Lane	3	3	1-5-33	6-7-33	Houses vacated, purchased by the Corporation, to be demolished.
		34, 36, All Hallows Lane	2	7	Nil	Nil	Demolished, June, 1933.
29, 31, Newnham Street		2	4	1-5-33	6-7-33	Demolished, 28-6-34.	
22, Cauldwell Street		1	4	Nil	Nil	Cost of repairs prohibitive. Owner gave undertaking to demolish—demolished, 1-2-34.	
17, St. John's Street		1	4	3-7-33	7-11-33	Demolished, 26-5-34.	
1, Roise Street		1	5	15-9-33	Nil	Demolished, 30-3-34.	
5 to 11, Dane Street		4	13	Nil	Nil	Corporation property, houses of low standard. Demolished for clearance site for erecting Public Building, 6-5-33.	
1934		4, 6, St. Cuthbert's Street	2	Nil	Nil	Nil	Derelict and unoccupied—voluntarily demolished, [28-4-34.
	1 to 6, Butcher's Yard	6	10	28-2-34	7-6-34	Demolished, 31-12-34.	
	9, Mill Street	1	Nil	Nil	Nil	Derelict and unoccupied—voluntarily demolished, [28-4-34.	
	Cottage, Cox's Pits	1	3	22-9-34	Nil	Voluntarily demolished, 28-2-35.	
	2, Duck Mill Lane	1	1	Nil	Nil	House closed, 12-2-34.	
	<i>Added Areas.</i>						
	House, Cardington Mill	1	6	Nil	Nil	Corporation property, demolished, 21-7-34.	
Thatched Cottages, Cricket Lane, Goldington	2	9	Nil	Nil	Closing orders made by Bedford Rural District Council in May, 1930: vacated 31-8-34: demolition pending.		

In the five years' programme submitted in 1931 it was estimated that 73 houses required demolition in the old Borough. Of the original 73, 50 have already been demolished, 3 closed and will be demolished during 1935, while 15 houses have been put into a proper state of repair by the owners, thus leaving only five houses to be dealt with during the five years ending 1935, namely :—Nos. 8 and 10, Castle Lane, and Nos. 6, 12 and 14 Chandos Street. The last three houses are being dealt with at the time of writing. Seven of the scheduled houses were formally represented and demolished during the year under review.

Apart from the estimated 73 houses a total of 12 houses in the old Borough which were found to be below a reasonable standard have since 1931 been dealt with by demolition (10) or closure (2).

In the added areas, as indicated, one unfit house at Cardington has been demolished and two unfit houses at Goldington closed without formal action.

The work of rehousing displaced tenants from unfit houses has again been one of some difficulty owing to the shortage of small cottages and the low rentals these people can afford, but with the valuable co-operation of the Housing Manager and of certain private owners suitable arrangements for rehousing these tenants have been made.

Six houses were demolished during the year for the purpose of erecting a cinema. These, however, were of satisfactory type and fitness.

(b) Houses capable of Repair at a Reasonable Cost.

The following table shows the number of houses inspected by the Sanitary Inspectors under the Housing (Inspection of District) Regulations, in the year under review and the preceding five years in accordance with the programme submitted annually to your Public Health and Housing Committee.

1929	...	...	...	...	114
1930	...	...	...	...	178
1931	...	...	...	...	366
1932	...	...	...	...	618
1933	...	...	...	...	762
1934	...	...	...	...	1005
					—
Total	...	...	...	...	3043
					—

The following table shows the situation of the houses inspected during the year 1934.

Houses Capable of Repair at a Reasonable Cost.

Name of Street.	No. of houses inspected.	No. of houses at which defects were found.
Allhallows Lane	1	1
Althorpe Street	42	40
Amphill Street	17	15
Beaconsfield Street	19	19
Bedesmans Place	2	2
Bower Street	158	157
Britannia Road	2	2
Bunyan Road	35	31
Canning Street	2	2
Cauldwell Street	2	2
Cauldwell Walk	1	1
College Road	55	39
Commercial Road	1	1
Cromwell Road	32	32
Derwent Place	1	1
Dudley Street	1	1
Dunville Road	53	52
Edward Road	1	1
Fairfax Road	25	22
Ford End Road	3	3
Garfield Street	28	21
George Street	1	1
Gladstone Street	45	42
Gratton Road	53	52
Greyfriars Walk	6	6
Hartington Street	46	46
Havclock Street	6	6
Houghton Road	1	1
Howard Avenue	45	43
Howbury Street	1	1
Iddesleigh Road	86	86
Lawrence Street	11	11
Mabel Road	31	28
Marlborough Road	2	2
Millbrook Road	5	5
Muswell Road	58	53
Nelson Street	12	12
Offa Road	31	29
Old Ford End Road	4	4
Palmerston Street	5	5

Name of Street.	No. of houses inspected.	No. of houses at which defects were found.
Park Lane, Goldington	1	1
Park Road West	3	3
Raleigh Street	12	11
Ridgmount Street	2	2
Salisbury Street	33	28
Sandhurst Place	9	2
Sandhurst Road	4	4
Southville Road	1	1
Stanley Street	3	3
Tavistock Place	2	2
Thurlow Street	1	1
Wellington Street	1	1
York Street	3	3
	1005	940

It will be seen from the table that in the year under review 1,005 houses capable of repair were inspected. Of this number 65 were found in all respects fit for human habitation, while defects of greater or less magnitude were found at the remaining 940. In general terms the repairs required in order to bring the houses inspected up to a reasonable standard in accordance with the existing Byelaws and the recommendations of the Ministry of Health included internal cleansing, provision of larger windows, provision of permanent ventilation to bedrooms, remedying of dampness, replacement of defective and insanitary stone sinks with glazed sinks, and replacement of defective boxed-in W.C. pans with pedestal pans. In all cases inspected under the Housing Act inspection was complete, and the average estimated cost of the work of repair in each house was £25, which indicates complete inspection and at the same time is reasonable in view of the average value of the property inspected. Reference is made to the report of the Senior Sanitary Inspector for details of the nature of the work carried out.

The systematic inspection of houses takes up a large amount of the time of the Sanitary Inspectors. At the same time the existence of good housing conditions is certainly one of the most important environmental factors which make for good health and freedom from infectious and other diseases, and it is only by systematic inspections that such conditions can be maintained. The houses inspected were in the area of the old Borough. It is not proposed to carry out inspections in the added areas, till sewers are available, and the problems can be dealt with as a whole.

5.—Overcrowding.

There is at the moment no generally applicable legal standard of overcrowding, but for practical purposes the standard known as the Manchester Standard has been for some years used by this department as a reasonable basis for determining overcrowding. This standard is as follows:—

- (a) Not more than 2.5 persons per bedroom, a child of ten being counted as half a person;
- (b) Such accommodation that the parents shall be able to occupy one bedroom, and that otherwise the sexes shall be properly separated as regards persons over ten years of age.

To ascertain the actual amount of overcrowding at any one time would be impossible without a general survey of all the houses, but in my opinion there is little doubt that the most serious cases of overcrowding on the Manchester Standard existing in the town have been discovered either by inspections under the Housing Acts, by investigating cases of infectious disease, by applications from persons for Council houses, or from other sources of information.

During the year thirty-two families living in overcrowded conditions were rehoused. It was not found necessary to have recourse to any legal action to abate overcrowding. In seventeen instances it was not found possible to abate the existing overcrowding owing to lack of four bedroomed houses on the Corporation Estates, of which there are only four such houses on the Estates.

It is a comparatively simple matter to abate overcrowding where it is due to lodgers by getting rid of the lodgers, but it is an extremely difficult matter where there are large families and a shortage of suitable housing accommodation; all the remaining cases of overcrowding at the end of the year were due to large families.

A total of 50 houses in the whole of the Borough remained overcrowded on the Manchester Standard at the end of the year, and until further houses are provided by the Corporation it appears that it will be very difficult to reduce to any great extent overcrowding on this standard.

The present Housing Bill will, when it becomes law, alter essentially the whole position with regard to overcrowding, both as to standards and to other matters.

The following table shows the position in summary form as it relates to overcrowded houses (not individual families):—

Cases outstanding at end of 1933	...	...	...	42
New cases discovered during 1934	...	...	...	40
				—
Total	...	...	...	82
Cases abated during 1934	...	...	...	32
				—
Cases remaining at end of 1934	...	...	...	50
				—

6.—Rent Restriction Acts.

During the year a number of tenants sought advice relative to increase of rent in respect of improvements and other matters, but no application for a certificate of the sanitary authority under the provisions of these Acts was received.

7.—Municipal Housing Estates.

During the year under review the last scheme of 100 houses was completed. At present no houses are under construction or in contemplation.

Summary of Applications for Houses on the Corporation Estates as at 31st December, 1934.

				No. regarded as urgent.
1. <i>Applicants with families in rooms—</i>				
(a) In Bedford	...	...	66	66
(b) Out of area, working in Bedford			7	7
(c) Ditto, not working in Bedford			2	—
2. <i>Householders with families—</i>				
(a) In Bedford	...	...	119	*45
(b) Out of area, working in Bedford			54	20
(c) Out of area, not working in Bedford			7	—
3. <i>Overcrowded families—</i>				
In houses and flats in Bedford	...		15	15
4. <i>Applicants with families in Registered Houses Let in Lodgings</i>	...	...	15	15
5. <i>Applicants without children</i>	...	...	84	—
6. <i>Single Persons</i>	...	...	17	—
			—	—
Total	...	...	386	168
			—	—

* Estimated number of applicants paying excessive rents.

As compared with the end of 1933 the total number of applicants was 386 in comparison with 502, and of applicants regarded as urgent 168 in comparison with 255.

It will be seen that there is still a large demand for housing accommodation at a rent which the ordinary wage earning classes can afford to pay.

8.—Progress of Building since the War.

The following table shows the progress of building since the war :—

Number of Houses built since the War to 31st December, 1934.

Year.	Subsidy Private Enterprise.	Subsidy Local Authority.	Private Enterprise No Grant.	Conversions etc.	Total per year.
1919	—	—	—	—	—
1920	1	—	—	—	1
1921	1	84	3	—	88
1922	6	114	3	—	123
1923	—	2	24	—	26
1924	25	—	47*	—	72
1925	63	—	19	—	82
1926	51	40	27	—	118
1927	36	32	30*	—	98
1928	36	—	50*	—	86
1929	23	76	50	—	149
1930	—	16	70	—	86
1931	—	116	63	1	180
1932	—	42†	57	2	101
1933	—	190‡	110	6	306
1934¶	—	100	159	—	259
Totals	242	812	712	9	1775

* These figures each include a public house.

† These forty-two houses were built outside the then existing Borough boundary by the Borough Council.

‡ Includes 168 houses built outside the then existing Borough boundary by the Borough Council.

¶ Borough boundary extended on April 1st, 1934. In the added areas, apart from houses built by the Borough Council, approximately 165 houses were built since the Census, 1931, till April 1st, 1934, 12 by the Rural District Council, the remainder by private enterprise, with or without subsidy.

V. Inspection and Supervision of Food.

1.—Milk.

(a) Sources of Supply.

The bulk of the milk sold within the Borough is produced on farms within a few miles of the Borough boundary. Since the enlargement of the Borough a few cowsheds at which milk is produced have been included within the boundary. The quantity of milk supplied from these farms is small.

(b) Registration of Purveyors of Milk and Dairy Premises.

The following table shows the number of purveyors and premises on the register at the end of the year:—

	Registered Persons.	Registered Premises.
Cowkeepers within the Borough	5	5
Purveyors, other than cowkeepers, with registered premises in the Borough ...	66	66
Purveyors with registered premises outside the Borough	30	—
Purveyors dealing with bottled milk only	58	—
	—	—
Totals	159	71
	—	—

In reference to the table given above it may be said in explanation that registration of premises is not required in the case of those purveyors who deal in bottled milk only. Of the total number, 58, of such purveyors, 5 deal in specially designated milk, while the remainder deal in sterilised or ordinary milk only.

(c) Inspection of Farms and Dairies.

On the extension of the Borough boundary six cowsheds from which milk was being produced at the time of extension were included within the Borough. These cowsheds were systematically inspected soon after inclusion, as well as certain additional cowsheds in order to ascertain if milk was being produced for sale at them. Results of inspection showed that, of the total number, one, at which certified milk is produced, was of modern type, two were fairly satisfactory, while the remaining three failed to comply with the standards of the present day. The occupier of one of the cowsheds, classified

above as fairly satisfactory, discontinued the sale of milk before the end of the year, while in the case of the remaining three it is probable that on account of building developments in the course of the next few years their use as cowsheds will cease. There are 30 cows at the cowshed at which certified milk is produced, while in all the remaining four now in use there are at present approximately ten cows.

The remaining dairy premises within the Borough, including four in the added area, were systematically supervised by the Sanitary Inspectors, and in all 385 visits of inspection were made. Generally the premises are maintained in a satisfactory condition.

(d) Bacteriological Examination of Milk.

A total of 91 samples, not including samples of specially designated milk, to be referred to later, were submitted to the School of Agriculture, Cambridge, for bacteriological examination.

These samples were taken from milk from different sources as indicated in the table:—

Source of Supply.	No. of Samples.
Milk taken at time of production at cowshed	4
Milk obtained from producers on delivery to retailers	46
Milk as supplied to elementary schools	16
Milk taken at various stages from pasteurisation plants	25
	—
Total	91
	—

The following tables show in summary form the results of the bacteriological examination of milk.

Samples taken at time of production.

Producer.	Individual bacterial count per c.c.	B. Coli content.				
		Absent in 1 c.c.	Present in			
			1 c.c.	1/10	1/100	1/1000
No. 1	48,000			+		
No. 2	64,000				+	
No. 3	1,650,000					+
No. 4	156,000					+
Average bacterial count	479,500			1	1	2

Samples taken from individual farmers on delivery to retailers.

Range of General Bacterial Counts.	No. of samples within limits of previous column.	B. Coli content.				
		Absent in 1 c.c.	1 c.c.	1/10	1/100	1/1000
Over 2,000,000	6	...	...	...	...	6
2,000,000 to 1,000,000	6	...	...	...	...	6
1,000,000 to 750,000	4	...	...	...	1	3
750,000 to 500,000	1	...	...	1	...	..
500,000 to 400,000	...	...	...	...	...	...
400,000 to 300,000	...	...	...	...	...	...
300,000 to 200,000	7	...	1	1	1	4
* 200,000 to 100,000	7	...	2	1	2	2
100,000 to 50,000	3	...	...	1	2	...
50,000 to 30,000	6	...	...	3	3	...
Below 30,000	6	...	4	1	...	1
Totals	46	...	7	8	9	22

Average bacterial count of the 46 samples:—66,090 per c.c.

* Grade A Standard—not more than 200,000 per c.c.

Samples taken on Delivery to Schools.

Class of Milk.	No. of Samples.	Average bacterial count.	Range of bacterial count.	B. Coli content.				
				Absent in 1 c.c.	1 c.c.	1/10	1/100	1/1000
Raw Milk	8	28,762 bacteria per c.c.	19,200 to 46,000 per c.c.	1	1	1	4	1
Pasteurised Milk	8	65,900 bacteria per c.c.	12,000 to 112,000	1	...	4	3	...

Samples taken in process of pasteurisation.

Series No.	Source of Samples.	Bacterial Count per c.c.	B. coli content.				
			Absent in 1 c.c.	Present in 1 c.c.	1/10	1/100	1/1000
No. 1	Receiving Tank (3 samples)						
	1	2,270,000					1
	2	1,952,000					1
	3	275,000					1
	Exit of cooler (3 samples)						
	1	160,000				1	
	2	41,300					1
	3	25,600				1	
	Bottling machine	314,000				1	
No. 2	Receiving Tank	90,000				1	
	Entrance to holder	24,800	1				
	Exit of holder	4,800	1				
	Entrance to cooler	3,600	1				
	Exit of cooler	18,400		1			
No. 3	Receiving tank	24,800				1	
	Entrance to holder	5,600	1				
	Exit of holder	8,400	1				
	Entrance to cooler	3,400	1				
	Exit of cooler	3,600			1		
	Bottling machine	16,800			1		
No. 4	Receiving tank	14,400				1	
	Entrance to holder	13,200	1				
	Exit of holder	12,000	1				
	Entrance to cooler	56,000	1				
	Exit of cooler	12,400				1	
	Bottling machine	22,000				1	
Addit'nal Sample	Exit from cooler	43,200					1

The following remarks may be made on the tables just given. As a guide to the interpretation it may be said that the standard of Grade A milk is not more than 200,000 bacteria per c.c. and absence of *b. coli* in 1/100 c.c. The following statement shows the number of samples of raw milk which attained the standard in one or both respects.

Comparison of Raw Milks with Grade A Standard.

Source of Samples.	No. of Samples.	Bacterial Counts.		B. Coli content.		Both Standards.	
		Attained.	Failed to attain.	Attained.	Failed to attain.	Attained.	Failed to attain.
Samples taken time of production.	4	3	1	1	3	1	3
On delivery to retailer.	46	22	24	15	31	12	34
Schools (Raw Milk.)	8	8	—	3	5	3	5

It may be noted that the standard reached by raw milk delivered to schools did not in all cases attain Grade A standard. The pasteurised milks delivered to schools, not included in the table, in all cases attained the standard of pasteurised milk as given in the following paragraph.

The table of samples taken from pasteurisation plants show that the plants were not in all cases working satisfactorily and that there is evidence of recontamination. Advice based on these samples was given in order to secure more efficient working of the plants. The standard for pasteurised milk is not more than 100,000 bacteria per c.c. There is no standard with regard to the presence or absence of *b. coli*, but its reappearance after the holding process may be taken as evidence of recontamination.

The figures indicate generally that there is room for improvement in the bacterial quality of the milk supplied to the town. Since the great majority of the producers are situated without the Borough, copies of the bacterial reports of milk taken from producers are sent to the Medical Officer of Health of the district in which the farms are situated for his information, and any action he may consider desirable. Copies of the report are also sent to the farmers concerned. Sedimentation tests to show the amount of visible dirt in milk are carried out at the same time as the sampling for bacterial count in order to stimulate the interest of the farmer in the production of clean milk.

(e) Examination of Milk for Tuberculosis.

A total of 33 samples each obtained from individual producers were submitted for microscopical and biological examination for the presence of tubercle bacilli.

All the samples were reported upon as not containing tubercle bacilli.

(f) Milk (Special Designations) Order 1923.

In accordance with the provisions of licences granted under the above-named Order, the following kinds of graded milk are distributed within the Borough.

1. Certified.
2. Grade A (Tuberculin Tested).
3. Grade A.
4. Pasteurised.

The following table shows the average daily amount of the various designated milks distributed during the early part of the present year, together with the corresponding figures for the previous year.

	1934.	1935.
Certified	40 galls. ...	35 galls.
Grade A (Tuberculin Tested) ...	27 „ ...	30 „
Grade A	205 „ ...	207 „
Pasteurised	765 „ ...	871½ „

In accordance with the arrangements with the Ministry of Health, 12 official samples of Certified milk were obtained and submitted for examination. Adverse reports were received in respect of certain of these samples and in consequence, on the request of the Minister, 4 additional samples were taken from the producer concerned. Of the 16 samples taken 5 were reported upon as not complying with the standard for Certified milk.

For the purposes of ensuring that the milk in respect of which the two licences are granted by this Authority for sale as pasteurised is in accordance with the standard prescribed by the Regulations, a total of 28 samples were submitted for examination. One only of the samples was adversely reported upon.

2.—Meat and Other Foods.**(a) Meat.**

The duties in connection with the inspection of meat and other foods are carried out by Messrs. J. F. Wilkinson and J. N. Martin, both of whom possess the special certificate of the Royal Sanitary Institute for meat inspection.

For the purpose of ensuring that, so far as is practicable, all animals slaughtered in the Borough are duly inspected, routine visits of inspection are made at the times of regular slaughter, while many additional visits are made in connection with cases of “emergency” and “occasional” slaughter.

The meat shops in the town are also frequently visited in order to ensure that imported meat is sound and appropriately labelled, and for the purpose of inspection of home-killed meat not slaughtered

in the Borough. No serious difficulty was experienced during the year with regard to diseased meat, since it is usually found that the butcher concerned is ready to accept the judgment of the inspectors and voluntarily to surrender the meat in question. It has not therefore been necessary to make any formal seizures or to have recourse to any legal proceedings.

The number of carcasses and offals inspected in the course of systematic visits of inspection to the slaughterhouses and other meat shops in the Borough during the year was as follows:—

Cattle	...	...	...	...	1,459
Sheep	...	...	...	...	5,160
Pigs	...	...	...	...	6,116
Total	...	...	...	...	12,735

The following is a classified table showing the various kinds of meat condemned, reasons for condemnation, and the amounts destroyed as being unfit for human consumption.

Home Killed Meat.

Reason for Condemnation.	No. of Animals affected	Amounts Condemned.				
		Whole carcass and offal.	Weight. lbs.	Part carcass and offal.	Weight. lbs.	Total amount. lbs.
Tuberculosis	Beasts ... 15	5	2270	10	433	2703
	Pigs ... 55	2	310	53	1157	1467
	Total ... 70				Total	4170
Other Diseases	Beasts ... 9	1	350	8	128	478
	Sheep ... 1	1	60	—	—	60
	Pigs ... 8	1	30	7	72	30
	Total ... 18				Total	568
Injury	Beasts ... 3	—	—	3	566	566
	Sheep ... —	—	—	—	—	—
	Pigs ... —	—	—	—	—	—
	Total ... 3					566
Total	... 91				Total	5304

Imported Meat.

Unsound	Beef ...	...	...	...	...	1134
	Mutton ...	...	...	...	...	—
	Total ...	...	...	...	...	1134
Total Amount of Home and Imported Meat						6438

(b) Other Foods.

In addition to meat shops all other premises where foods are prepared and sold are frequently visited and the foods examined. No formal seizure was found to be necessary as the shop-keepers are readily prepared, where the Inspectors deem it necessary, voluntarily to surrender unsound food.

The following table gives a summary of the various foodstuffs which have been destroyed as a result of action taken.

Commodity.	Ordinary.	Tinned.	Total.
Fish	619 lbs. ...	18 lbs. ...	637 lbs.
Fruit	432 lbs. ...	92 lbs. ...	524 lbs.
Vegetables	nil ...	21 lbs. ...	21 lbs.
Poultry	nil ...	17 lbs. ...	17 lbs.
Prepared Meats	nil ...	120 lbs. ...	120 lbs.
Prepared Hams	nil ...	141 lbs. ...	141 lbs.
Bacon	60 lbs. ...	nil ...	60 lbs.
Cheese (Various)	40 lbs. ...	nil ...	40 lbs.
Totals	1161 lbs. ...	399 lbs. ...	1560 lbs.

All diseased and unsound meat and other foods are officially disposed of at the Refuse Destructor Works.

3.—Food Premises.**(a) General Inspection.**

The following table shows the various classes of premises where food is prepared and the number of visits paid to each during the year:—

Class of Premises.	No. of Premises.	No. of Inspections.
Meat Shops and Vehicles	58 ...	244
Fish Shops and Vehicles	35 ...	145
Fish-frying Premises and Vehicles	22 ...	44
Dairy Premises and Vehicles	65 ...	385
Grocery Premises, Shops and Vehicles	154 ...	164
Fruit Shops and Vehicles	76 ...	224
Ice Cream Premises and Vehicles	52 ...	57
Restaurant Premises and Tea Rooms	33 ...	71
Chocolate, Sweet and Biscuit Premises	3 ...	15
Bakehouses	46 ...	105
Cold Stores	1 ...	17

(b) Dairies.

Dairies have been already dealt with under the heading of Milk Supply.

(c) Slaughterhouses, including Slaughter of Animals Act 1933.

There are 18 slaughterhouses in the Borough—four being Registered and 14 being subject to an annual licence.

No slaughterhouses were found to exist in the added areas.

The premises have been maintained in a fair condition generally and kept clean. In a number of instances minor improvements have been carried out. When visits are paid to the slaughterhouses for the inspection of meat, attention is also given to see that the Byelaws and Meat Regulations relating to slaughterhouses are being complied with. In all 1,914 visits were paid to slaughterhouses.

On January 1st, 1934, the Slaughter of Animals Act 1933, came into force. The Act requires generally that all cattle and pigs shall be stunned by a mechanically operated instrument before slaughter. This requirement, however, need not apply to sheep unless the Local Authority passes a resolution to that effect. In accordance with the Act the captive bolt instrument is now used for cattle; for pigs at two premises an electrical stunning apparatus is used, while at the remaining 16, captive bolt instruments are in operation.

The Act also provides that Local Authorities shall license slaughtermen and a licence once granted is available throughout England and Wales. No person under the age of 18 years can be granted a licence and a licence can remain in force for a period not exceeding three years. A fee not exceeding 2/- may be charged by the Local Authority for each licence and a fee not exceeding 1/- for every renewal. All butchers slaughtering in the Borough were notified as to the provisions of the Act. Seventy-nine licences to slaughtermen were granted to operate for a period of one year as from January 1st, 1934, and a fee of 2/- was charged.

Your Council has considered the question of the application of the Act to sheep on more than one occasion and so far has decided not to apply the Act to sheep.

In order to determine the relative merits of different methods of slaughter your Public Health and Housing Committee attended a demonstration at the slaughterhouse of one of the local butchers in which the different methods of slaughter were shown.

The considered opinion of your Medical Officer of Health is that no pain of any considerable degree is caused by the method of slaughter at present in use, and that certainly nothing in the way of cruelty is involved. The grounds on which he has formed this opinion may be briefly stated as follows:—

1. The severing of the great vessels of the neck cuts off almost instantaneously the blood supply to the brain.

2. Physiologists are agreed that the brain cannot stand interference with its blood supply for more than four or five seconds without serious derangement or obliteration of function, involving loss of consciousness.

3. Loss of consciousness from failure of blood supply to the brain takes place sooner than death from general haemorrhage, and it is, in fact, almost instantaneous.

4. In conformity with the statements just made it was found that a number of patients who had attempted suicide by throat cutting, stated on recovery in a London hospital that they had not felt the cut of the knife at the time that it was made.

In the opinion of your Medical Officer therefore there is no objection to the continuance of the present method of slaughtering sheep.

(d) Shops, Stalls and Vehicles.

During the period under review due attention has been given to all types of shops where foodstuffs are dealt in, as well as to the manner and the conditions under which such foods are prepared.

There were 8 grocers, 2 fishmongers, 1 fruiterer and 1 butcher's shop included in the added areas.

Generally it was found that the premises and vehicles were being maintained in a satisfactory condition with proper regard to cleanliness and to the prevention of contamination.

Two new butchers' businesses were established during the year, and at these were installed equipment of modern type.

In most of the premises suitable cold storage apparatus is installed, but where this is not provided use is made of the "Cold Stores."

(e) Markets.

There are 3 markets held in the Borough. An open public market is held on the Market Hill on Saturdays, when all types of commodities are exposed for sale by retail, and on Wednesday a few stalls are erected for the sale of fruit and flowers. A cattle market is held in Horne Lane on Saturdays, while there is an egg, produce and poultry market in Horne Lane on Wednesdays and Saturdays.

Regular visits of inspection are made to these markets, especially in connection with the food stalls. These stalls are maintained in a satisfactory manner, but there is of necessity on account of their situation some risk of contamination by dust and other causes. The provision of a covered market for the sale of foodstuffs would be for this reason desirable.

The number of stalls on the Market Hill from which foodstuffs are sold are as follows:—

Butchers	...	...	...	...	5
Café-Buffer	...	...	...	...	1
Confectionery and Biscuits	...	...	...	...	3
Groceries and Provisions	...	...	...	...	2
Fish Mongers	...	...	...	...	9
Fruiterers	...	...	...	...	22
Shell Fish	...	...	...	...	2

(f) Bakehouses.

At the end of the year there were 46 bakehouses in use, none of which came within the category of an "underground bakehouse."

One new bakehouse has been established in which the ovens are fired at the side with the effect of minimising dust in the building. Five bakehouses are not in use. Two bakehouses were found to exist in the added areas (Goldington Parish) of which one was not being used, while at the other the condition of the premises was not satisfactory. As the result of informal notice the bakehouse was structurally repaired and redecorated to meet with the requirements of the law.

The bakehouses in the old Borough have on the whole been maintained in a cleanly and satisfactory manner. In two instances notifications were received from H.M. Inspector of Factories to the effect that limewashing was overdue. These contraventions of the Act were remedied on informal notice.

In all 105 visits of inspection were paid to bakehouses.

(g) Ice Cream.

There are no legal standards for ice cream, nor is it necessary to register premises where this commodity is prepared or sold. Special attention is paid to all premises in order to ensure that ice cream is being manufactured under satisfactory conditions. In addition visits are made to premises where ice cream is sold, namely shops, stalls, and restaurants. There are 27 premises where this commodity is made.

One large firm has a depot here from which ice cream is received from the factory in London in a pre-packed condition, stored in refrigerators, and then retailed in the town from vehicles.

At a number of shops and restaurants ice cream supplied by a well-known London catering firm is also stored in refrigerators.

In all 57 visits were made and the premises were found to be kept in a satisfactory condition.

4.—Adulteration of Food.

(a) Milk.

During the year samples of milk were taken from purveyors in the Borough on the lines indicated in previous reports. There are 159 such purveyors.

411 samples were tested by the Gerber Test in the Public Health Laboratory. Of this number 65 or approximately 13.6 per cent. were found on these tests to be below legal standard, 21 in fat, 29 in solids-not-fat, and 15 in both respects. In cases where samples indicated that the milk was of poor quality action was taken to improve the supply. Where the possibility of wilful adulteration or carelessness appeared to be present samples were submitted to the Public Analyst.

Twenty-six samples were sent to the Public Analyst, of which 5 were reported upon as being adulterated. The particulars of these samples are shown in the subjoined table. Out of the number of samples of milk obtained for testing by the Gerber method 65 were obtained from milk supplied to elementary schools. All these samples, with one exception, complied with the requisite standard. In this one case action was taken to improve the supply.

(b) Other Foods.

A fairly comprehensive list of various other foods and drugs were submitted to the Public Analyst.

All the 64 samples were procured informally, of which 61 were reported upon as not being adulterated, 2 were broken in the course of transit, and one sample only, consisting of sweet spirit of nitre, was reported upon adversely. This sample is referred to in the table.

(c) Tables.

The nature and number of the samples submitted is shown in the following table; a separate table is also given showing the adulteration found and action taken with regard to samples adversely reported upon by the Public Analyst.

Table of Samples taken.

Commodity.	No. of Samples.			No. Genuine.			No. Adulterated.		
	Formal	Inf'l.	Total	Formal	Inf'l.	Total	Formal	Inf'l.	Total
Apple Green Colouring		1	1		1	1			
Banana Cream		1	1		1	1			
Beef Sausage		4	4		4	4			
Bismuth Tablets		1	1		1	1			
Brimstone & Treacle		1	1		1	1			
Butter		2	2		2	2			
Cake Powder		1	1		1	1			
Candied Peel		1	1		1	1			
Canned Salmon		1	1		1	1			
Caviar		1	1		1	1			
Camphorated Oil		1	1		1	1			
Cheese		1	1		1	1			
Coffee		1	1		1	1			
Concentrated Pepper- mint		1	1		1	1			
Condensed Milk		3	3		3	3			
Compound Lemon, Glycerine and Honey		1	1		1	1			
Cornflour		1	1		1	1			
Chocolate Cream		1	1		1	1			
Cream of Tartar		1	1		1	1			
Dried Mint		1	1		1	1			
Essence of Almonds		1	1		1	1			
Essence of Raspberry		1	1		1	1			
Groats		1	1		1	1			
Herrings in Tomato Sauce		1	1		1	1			
Honey		2	2		2	2			
Lard		1	1		1	1			
Lemon Cheese		1	1		1	1			
Lemonade Crystals		1	1		1	1			
Lucca Oil		1	1		1	1			
Margarine		1	1		1	1			
Marmalade		1	1		1	1			
Marmite		1	1		1	1			
Milk	26		26	21		21	5		5
Mince-meat		1	1		1	1			
Mint Sauce Jelly		1	1		1	1			
Nutmeg (Ground)		1	1		1	1			
Orange Marmalade		1	1		(Broken	1			
Orange Squash		1	1		in transit	1			
Polony		1	1		1	1			
Pork Sausage		2	2		2	2			
Prepared Green Peas		1	1		1	1			
Preserved Cherries		1	1		1	1			
Pure Coffee Tablets		1	1		1	1			
Rice		1	1		1	1			
Rum & Butter Toffee		1	1		1	1			
Sago		1	1		1	1			
Shredded Beef Suet		1	1		1	1			
Saveloy		1	1		1	1			
Steak & Kidney Pie		1	1		1	1			
Sweet Spirit of Nitre		1	1					1	1
Tea		2	2		2	2			
Tinned Cream		1	1		1	1			
Tinned Peas		2	2		2	2			
Tomato Sauce		1	1		1	1			
Wine Jelly		1	1		1	1			
Totals	26	64	90	21	61*	84	5	1	6

* 2 broken in transit.

Particulars of action taken with regard to Adulterated Samples.

Serial No. of Sample.		Commodity.	Nature of Adulteration.	Remarks and Action Taken.
Formal.	Informal.			
A 313		Milk	6.6% abstracted fat	Producer-retailer cautioned
A 321		Milk	6.6% abstracted fat	Sample No. A333 taken on delivery to vendor of sample No. A321—4% deficient in fat
	A 327	Sweet Spirit of Nitre	30.8% deficient in Ethyl Nitrite	Vendor cautioned, existing stock withdrawn from sale and destroyed
A 333		Milk	4% abstracted fat	Sample taken on delivery to vendor of sample No. A331. Producer interviewed and advised
A 336		Milk	13.3% abstracted fat	Sample No. A338 taken on delivery to vendor of sample No. A336—8% deficient in fat
A 338		Milk	8% abstracted fat	Sample taken on delivery to vendor of No. A336. Producer retailer interviewed and advised

(d) Margarine.

During the year the revision of the Register relating to wholesale dealers in Margarine was carried out, and as a result there are now 17 registered premises in the Borough at which this commodity is sold by wholesale.

The manufacture of margarine is not carried out in the Borough.

Inspection of these premises has been made in order to ascertain that the requirements of the Acts are being observed.

(e) Public Health (Preservatives, etc., in Food), Regulations, 1925-1927.

Samples of foods permitted to contain a prescribed amount of preservatives were submitted to the Public Analyst, as well as other foods in which no preservatives are permitted, and in no instance was any contravention of the Regulations reported.

(f) Artificial Cream Act, 1929.

Before April 1st, 1934, there were no registered premises under the above-named Act, but upon extension of the Borough one place already established and registered under the Act automatically came under the control of this Authority. Visits of inspection have been

made and it was found that the amount of this commodity manufactured is small and is made only at seasonal periods.

(g) Public Health (Condensed Milk) Regulations, 1923-1927.

Three samples of condensed milk were submitted to the Public Analyst during the year.

Each sample was reported upon as being genuine, and the requirements under the Regulations as to labelling were duly complied with.

(h) Public Health (Dried Milk) Regulations, 1923-1927.

Under these regulations no action was taken during the year with regard to procuring and examination of samples.

(i) Merchandise Marks Acts, 1926.

526 visits were made to shops, stalls and vehicles in order to ensure that the Acts and Orders were being observed. In a number of cases it was necessary to draw attention to the improper marking and labelling of the goods exposed for sale, particularly fruit, but upon attention being drawn to the requirements of the Orders, proper labelling was carried out. It was not necessary to institute any legal proceedings under this Act.

During the year Orders in Council have been made relating to the following imported commodities, bacon and ham, and dead poultry, and the attention of all shop keepers and stall holders was drawn to this by a circular letter.

VI. Prevalence of, and Control over, Infectious and other Diseases.

1.—Infectious Diseases, Other than Tuberculosis.

(a) General Statistics.

The following table shows the number of cases of Infectious Diseases notified during the year, together with the number admitted to hospital and the deaths from these diseases:—

Diseases (other than Tuberculosis) notified during the year 1934.

Disease.	Total cases notified.	Cases admitted to Hospital.*	Total deaths registered.
Smallpox ... ..	...	...	...
Scarlet Fever	115	107	...
Diphtheria	7	6	1
Enteric Fever (including Paratyphoid)	1	1	1
Puerperal Fever	15	...	...
Pnerperal Pyrexia	10	...	...
Pneumonia	63	...	...
Cerebro Spinal Fever ... ..	...	...	...
Encephalitis Lethargica ... ..	...	...	...
Poliomyelitis ... ..	...	...	...
Polioencephalitis ... ..	...	...	...
Erysipelas	20	...	...
Dysentery ... ..	...	...	...
Malaria ... ..	...	...	...
Ophthalmia Neonatorum	9	...	...
Chickenpox	246	...	...

* Reference is to Borough Isolation Hospital only.

The following table shows the number of cases of Infectious Disease of which information was received otherwise than by notification.

Disease.	Information received from Head Teachers.	Information received from Health Visitors.		Total.	Total Deaths Registered.
		Under 5 years.	Over 5 years.		
Measles	3	2	3	8	1
Whooping Cough...	149	136	19	304	4
Mumps	1	...	...	1	...

The following table gives an analysis of the cases of Infectious Disease notified according to age:—

Analysis of Cases of Infectious Disease notified during the year 1934.

DISEASE	Under 1 year.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and upwards	Total all ages
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	1	4	5	9	32	20	11	7	3	2	...	115
Diphtheria	...	...	...	...	...	7	...	...	...	...	...	...	7
Enteric Fever (including Paratyphoid)	...	...	...	...	...	...	...	1	...	...	1	...	1
Puerperal Fever	...	...	...	...	...	...	...	1	12	2	1	...	15
Puerperal Pyrexia	...	...	...	...	...	...	...	1	7	1	1	...	10
Pneumonia	2	3	...	3	2	6	2	5	9	6	14	10	63
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Polioencephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	1	1	1	1	...	...	...	2	3	1	5	5	20
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	9	...	...	...	...	...	...	...	...	...	...	...	9
Chickenpox	2	6	9	15	15	137	48	8	5	2	...	1	246

(b) Smallpox.

No cases of smallpox were notified during the year.

(c) Scarlet Fever.

The number of cases notified after allowing for revision of diagnosis was 115. This number represents a decrease on that for the previous year, namely 137. The case rate per thousand was 2.69, which may be compared with the case rate for England and Wales of 3.76. The disease generally was of the usual mild type now prevalent.

The following table shows the incidence for the last ten years:—

1925	...	...	...	49	1930	...	...	...	58
1926	...	...	...	229	1931	...	...	...	46
1927	...	...	...	197	1932	...	...	...	130
1928	...	...	...	143	1933	...	...	...	137
1929	...	...	...	119	1934*	...	...	...	115

* Borough extended on April 1st, 1934.

On the whole the prevalence was fairly evenly distributed throughout the year, the figures for successive quarters being 35, 22, 23 and 35. There was no excessive prevalence in the fourth quarter of the year as was the case in the two preceding years, and as is often the case in accordance with the usual epidemic prevalence of scarlet fever.

The number of cases which occurred among the elementary school population was 51. There was no specially high prevalence in any one school or class.

Five cases occurred at the Girls' High School from the period May 7th-11th. Though the girls affected were not in the same form, yet from the occurrence of the cases within a few days of each other, there can be little doubt that they were infected from each other or from a common source at school. As the girls were taking part in the rehearsal of a play it seemed probable that infection was spread by this means. Examination of the girls in the forms affected or in the caste of the play either by their own family doctor or by your Medical Officer of Health failed to discover any possible carrier or missed cases. The last case in this small outbreak occurred on May 11th.

(d) Diphtheria.

The following table shows the number of cases of diphtheria which have occurred during the last ten years :—

1925	...	...	...	41	1930	...	...	...	13
1926	...	...	...	64	1931	...	...	...	1
1927	...	...	...	23	1932	...	...	...	4
1928	...	...	...	28	1933	...	...	...	3
1929	...	...	...	16	1934*	...	...	...	7

* Borough extended on April 1st, 1934.

It will be seen from the table just given that till the year under review diphtheria had been almost entirely absent from the Borough since 1930. The seven cases which occurred in 1934 correspond to a case rate of 0.16 per thousand, which may be compared with 1.70 for England and Wales. The year under review was a year of high prevalence of diphtheria in many parts of the country especially in the north, and the general type of the disease in the country as a whole was severe. Of the few cases that occurred in Bedford, one isolated case occurred in June. The remainder occurred since December 8th, 1934. The first case of the group occurring at the end of the year, a child attending the Amphill Road Infants' School, had no traceable connection with the other cases. The remaining 5 cases occurred in one class at the Goldington Road Infants' School. This class was visited daily by your Medical Officer of Health or the Health Visitor, and it was as a consequence of their visiting that three of the five cases were discovered; one was being kept at home on account of a sore throat, and found on communication with the family doctor to be suffering from diphtheria; one was sent out of school by the Health Visitor on account of a suspicious condition of the throat with the advice to consult the family doctor and was subsequently notified by him as diphtheria; the third case was a case of nasal diphtheria found on inspection of the class by your Medical Officer. The faucial cases were of generally mild type. The last case from this class was notified on December 21st, 1934. At the time of writing an additional case has occurred on January 9th, 1935 from the same school but from a different class.

The general policy in controlling these class infections has been to inspect the children generally and to take throat swabs for bacteriological examination from those children presenting suspicious symptoms clinically. Contacts of patients attending school have been swabbed and not permitted to resume attendance at school till nose and throat swabs show that diphtheria bacilli are absent. When, as in some cases occurred, diphtheria bacilli have been found to be present, parents have been advised to keep the children affected

from contact with other children and from unnecessarily mixing with people in general.

To what has Bedford owed its freedom from diphtheria in the past few years? And what probability is there that this freedom will be maintained? If it is true that we must look upon the specific organism or germ as *the* cause of any disease, it remains none the less true that the efficiency of such a cause depends on a variety of conditions, not only in the body attacked by the disease, but also in the environment, and that such conditions may act not only in rendering the body attacked more or less susceptible to infection, but also in increasing or decreasing the virulence of the attacking organism.

Good food, the presence of good conditions in the home, in the workplace, and in the means of transit between home and workplace all play their part in increasing the resistance of the body attacked. Again, in the absence of serious overcrowding of susceptible individuals there are fewer facilities for the passage of germs from individual to individual with increase of virulence in the process. In all these respects Bedford has been much more favourably situated than some other towns, and to these conditions we may attribute its comparative freedom from diphtheria, and may on the same grounds hope that this freedom will be maintained. All these considerations should be borne in mind when coming to a decision as to whether, and to what extent, measures of artificially raising the resistance of the body should be undertaken by artificial immunisation, a matter to which reference is made in a later section of the report.

(e) Enteric Fever.

One case of enteric fever, a man aged 54, was notified during the year. The diagnosis was made on clinical grounds, and the results of an agglutination test confirmed the diagnosis as paratyphoid B. The patient died in hospital. One death from this disease also occurred of a patient resident in the Three Counties' Mental Hospital.

(f) Pneumonia.

Sixty-three cases of pneumonia were notified during the year as compared with 88 in 1933. This diminution may be related to the absence of influenza in epidemic form. Eighteen deaths were registered as due to pneumonia of all forms.

(g) Measles.

Measles did not occur in epidemic form during the year under review. The last epidemic was in the early part of 1933. Since

measles tends to occur in this town at intervals of rather over two years we may expect its reappearance either later in the present year or next year. One death was due to broncho-pneumonia following measles.

(h) Whooping Cough.

Whooping Cough was prevalent in the early part of the year. In all, information was received of 304 cases, of which 149 were reported by the Head Teachers and 155 by the Health Visitors. Four deaths were due to this disease.

(i) Influenza.

There was no serious epidemic of influenza in the year under review. Seven deaths were registered as due to this disease, in contrast with 27 in 1933.

(j) Puerperal Fever and Puerperal Pyrexia.

Puerperal Pyrexia denotes a condition of raised temperature occurring within twenty-one days of childbirth or miscarriage, cases of Puerperal Fever being excluded from the definition. Puerperal Fever includes those cases of generalised blood infection which occur as the result of childbirth, while the causes of Puerperal Pyrexia may be quite unconnected with childbirth.

A number of cases are notified from institutions in the Borough to which they have been removed from other districts for treatment. To speak strictly such cases should usually have been notified before removal. With a view to ensuring that no duplication of notifications occurs, and that notifications are credited to the district to which they properly belong, steps are taken in co-operation with the County Medical Officer in order to ascertain if previous notification has taken place, and, if not, to secure such notification by the medical practitioner in the district from which the patient has been removed. In the figures to be given cases notified from a Borough institution in which notification has taken place, before or after removal, by medical practitioners in the outside districts have not been included in the figures. Some cases where it has not been possible to secure such notification have of necessity been included in the Borough figures. Cases of puerperal pyrexia subsequently notified as puerperal fever are included under the latter heading only. Some cases of these diseases relate to women who have come into the Borough for confinement though normally resident outside; such cases are included in the figures. The following table shows the number of cases of puerperal fever and puerperal pyrexia notified after making the adjustments described. The number of births taking place in the Borough to which

the figures given relate was 740. Three deaths took place among the fifteen cases of puerperal fever. Since two only of these relate to persons normally resident in the Borough this figure appears in the Registrar-General's return.

Puerperal Fever and Puerperal Pyrexia.

	Total Cases.	Confinement in Borough.			Confinement outside Borough but notification in outside district not secured.	Borough residents notified from London institutions in accordance with law relating to London Institutions.
		In Public Institution or Hospital.	Nursing Home or Girls' Home.	Private Houses.		
Puerperal Pyrexia	10	...	3	6	1	...
Puerperal Fever	15	2*	2	6*	4*	1

*One patient in each of these groups died.

(k) Ophthalmia Neonatorum.

The following table shows the number of cases and the result of treatment.

Ophthalmia Neonatorum.

CASES.			Vision un-impaired.	Vision impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	Home.	Hospital.				
9	5	4	9	...	...	...

Of the 9 cases notified, 4 were treated in St. Peter's Hospital, while 5 cases were treated at home; one of the cases treated in hospital was notified from the hospital to which the mother had been admitted for treatment of puerperal pyrexia.

The number of cases notified shows a tendency to increase. Many of these are of very mild type. No doubt the fact that your Maternity and Child Welfare Committee does not recover the doctor's fee when medical help has been summoned by the midwife on account of this condition has the result that medical help is sought in a larger number of cases than would otherwise be the case, and a larger number of mild cases are notified. In view of the great importance of preventing serious damage to the eye it is of the greatest importance that treatment should be begun at once even in the mildest cases of discharge from the eye. Generally the cases notified are of very mild type.

(l) Other Infectious Diseases.

No cases of cerebro-spinal fever, encephalitis lethargica, poliomyelitis or polioencephalitis were notified.

(m) Schick and Dick Tests and Artificial Immunisation.

No work was carried out during the year in respect of artificial immunisation.

In view of the recent prevalence of diphtheria in the country as a whole the matter has been considered by your Public Health and Housing Committee, and it has been decided to take no immediate action in rendering this treatment generally available by means of a municipal clinic, but to be prepared to take such action should the necessity become apparent.

In deciding whether in the case of diphtheria or in other diseases artificial immunisation should be generally advised the following questions should be asked and so far as possible answered:—

- (1) Is the disease in question likely to remain endemic or to appear in the near future in epidemic and dangerous form?
- (2) Can immunisation be applied in such a way as either
 - (a) to prevent the appearance of the disease or to check its progress in the community? or
 - (b) to protect individuals in an environment where they are exposed to infection?
- (3) Are other means likely to be as effective as immunisation in preventing the disease either
 - (a) in the community? or
 - (b) in the individual?

The questions may in Bedford be answered in the following manner:—

- (1) The disease is not at present endemic, and there is no fact that suggests that it is likely to reappear in epidemic and dangerous forms after its almost complete absence for some years.
- (2) (a) In practice it is never possible to achieve a sufficiently high proportion of immunisation to secure protection of the community as a whole though this protection may be secured in limited groups such as residential institutions.
 - (b) The individual can be protected by immunisation in an environment where the disease is prevalent.
- (3) (a) In the community all measures of general sanitation,

especially in the matter of housing and prevention of overcrowding, and the securing of the general health of all the individuals of the community especially by adequate nutrition and prevention of over-fatigue, play a large part in preventing appearance or continuance of the disease.

(b) In an environment where diseases are prevalent measures tending to raise the health of any particular individual cannot be relied upon to achieve immunity in these individuals.

If, and so long as, the answers to the questions just given are correct there is therefore no need for immediate action.

If, however, the disease should show signs of reappearance in considerable degree, then immunisation should be undertaken with the view of rendering immune those individuals whose parents so desire it, though for the reasons given it cannot be claimed that such a procedure would avail to prevent the spread of disease in the community.

(n) Vaccinations.

No vaccinations were carried out by your Medical Officer under the Public Health (Smallpox Prevention) Regulations, 1917.

2.—Cancer.

The following table shows the prevalence of cancer deaths during the last ten years.

Year.	Males.	Females.	Total.	England & Wales.	
				Rate per 1000.	Rate per 1000.
1925	28	22	50	1.21	1.40
1926	32	33	65	1.54	1.43
1927	28	26	54	1.27	1.44
1928	29	41	70	1.68	1.49
1929	30	26	56	1.35	1.50
1930	28	43	71	1.75	1.52
1931	41	33	74	1.80	1.55
1932	26	44	70	1.70	1.58
1933	27	57	84	2.09	1.59
1934	30	47	77	1.71	—
Average Rates 1925-1934				1.61	1.50

It will be seen from this table that the rate for cancer tends continually to rise, not only in Bedford, but also in the country as a whole, and that the figures for Bedford also tend to be above those of the country generally. The rise from year to year may be accounted for in part by the increased average age of the population, in part by better diagnosis, and in part by a real increase in the prevalence of cancer, even after making allowances for the increased age of the

population. The fact that the Bedford figures are above those for the country as a whole may be accounted for by the fact that the average age of Bedford residents is above that of the country generally. It remains only too obvious from the figures that methods of treatment of cancer have had little effect on the progress of the disease, and while its cause is unknown there is little hope of its effective prevention.

3.—Tuberculosis.

The following table indicates the number of new cases and deaths from this disease during the year under review, and the number of patients admitted to hospital.

Tuberculosis—Cases, Deaths and Admissions to Hospital

				Total New Cases.	Cases admitted to Hospital.	Total Deaths.
(a) Pulmonary—						
Males	...	...	...	15	11	5
Females	...	...	...	17	13	14
Totals ...				32	24	19
(b) Non-Pulmonary—						
Males	...	...	...	3	2	6
Females	...	...	...	6	3	1
Totals ...				9	5	7

The following table indicates the age distribution of the cases and deaths.

Age Distribution of Cases and Deaths

Age Periods.	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	1	—	—	—	1	—
1	—	—	—	1	—	—	—	—
5	—	—	—	—	—	—	—	—
10	—	—	—	1	—	—	1	—
15	—	2	—	—	—	1	—	—
20	1	5	—	—	1	4	—	—
25	4	7	1	1	1	4	1	—
35	4	2	1	2	1	4	1	—
45	4	1	—	—	2	—	1	—
55	2	—	—	1	—	1	1	—
65 and upwards	—	—	—	—	—	—	—	1
Totals	15	17	3	6	5	14	6	1

The total number of non-notified deaths was 4, giving a ratio of non-notified to previously notified deaths of 15.4 per cent. The 4 cases of non-notified deaths were pulmonary tuberculosis (two cases),

tuberculous peritonitis and tuberculosis of the suprarenal glands. This last case was one of sudden death, the cause of which was discovered at the autopsy performed under the Coroner's directions; clearly it could not have been notified before death.

The usual procedure in cases of non-notified deaths is to communicate with the medical practitioner certifying the death informing him that the case had not been previously notified and asking him the reason for such failure to notify. The answer usually indicates that the patient had previously been under the care of some other medical man, and that the medical man under whom the patient was just before death assumed that the case had been already notified by the former medical attendant.

The following table shows the number of cases on the Tuberculosis Register at the end of the year.

	Male.	Female.	Total.
Pulmonary	71	85	156
Non-pulmonary	30	32	62
	<hr/>	<hr/>	<hr/>
Totals	101	117	218
	<hr/>	<hr/>	<hr/>

The register is kept up-to-date, so far as possible, by removal of those patients who die or leave the district, or in whose cases reports of cure are received from the County Tuberculosis Officer. In view of the fact, however, that there is difficulty in many cases, when patients are well, in inducing them to attend for examination at the Tuberculosis Dispensary, it is certain that the Register contains a number of names of patients whose disease is quiescent, but who cannot be removed from the Register for the reason given.

The following table shows the Institutions to which patients were removed for treatment:—

Institution.	No. of cases removed.	Remarks.
Mogerhanger Park Sanatorium ... Respiratory	11	
St. Peter's Hospital ... Respiratory	9	One patient admitted twice.
Non-respiratory	2	One patient admitted later to Mogerhanger.
Brompton Hospital ... Respiratory	2	
Ventnor Sanatorium ... Respiratory	1	
St. Michael's Home, Axbridge ... Respiratory	1	
Royal Sea Bathing Hospital, Margate Non-respiratory	3	

It will be seen from the foregoing table that 26 deaths were registered as due to tuberculosis, of which 19 were respiratory and 7 non-respiratory. The corresponding figures for 1933 were a total of 23, of which 19 were respiratory and 4 non-respiratory. The figures for 1934 correspond to a death rate of .61 per thousand for all forms, .44 for respiratory and .17 for non-respiratory cases.

Four of the deaths from non-respiratory tuberculosis were due to tuberculous peritonitis, and the remaining three to intestinal tuberculosis, tuberculous osteomyelitis and tuberculosis of the supra-renal glands. Two of these deaths occurred in the Public Assistance Institution and relate to persons who had no fixed abode, though they died in Bedford.

All patients notified as suffering from tuberculosis are visited by the Health Visitors unless for any reason such visits are undesirable. Visits are paid on notification and subsequently in accordance with the amount of supervision required.

The following table shows the number of visits paid:—

First visits	...	...	...	...	...	42
Systematic re-visits	...	...	...	...	...	235
Re-visits for special purposes				...	...	23
Useless calls (<i>i.e.</i> , patients not at home)				...	...	40
						<hr/>
				Total	...	340
						<hr/>

Forty rooms were disinfected after death or removal of patients.

No occasion arose for action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or section 62 of the Public Health Act, 1925.

These provisions relate respectively to prohibition from engaging in the handling of milk of persons suffering from tuberculosis and to the compulsory removal to hospital of patients in an infective state and liable to be a source of danger to others.

4.—Isolation Hospitals.

Cases of scarlet fever and diphtheria are removed to the Isolation Hospital, except where satisfactory isolation and treatment can be maintained at home.

(a) Scarlet Fever.

The following table shows the number of cases of scarlet fever admitted and discharged during the year:—

No. of scarlet fever cases remaining in hospital at end of 1933	...	...	...	...	...	...	26
No. admitted during the year	...	...	...	...	...	...	107
No. died in hospital during the year	...	...	...	...	...	...	—
No. discharged during the year	...	...	...	...	...	...	127
No. remaining in hospital at end of year	...	...	...	...	...	...	6

Of the 115 cases notified after correction for revision of diagnosis, 107 were admitted to the Isolation Hospital, as compared with 119 in 1933. Of this number 60 were males and 47 females.

The following table shows the classification of the cases in 1934 and previous years. As a rough guide in determining the initial severity of a case, a temperature of 101° on admission is taken as the dividing line between mild and moderately severe, and 103° as the line between the moderately severe and severe. The classification for previous years is given for comparison.

Year.	Total Cases.	Classification.			Uncertain on account of late admission.	Complicated.
		Mild.	Moderately Severe.	Severe.		
1929	104 (100%)	71 (68.3%)	25 (24.0%)	8 (7.7%)	— (0.0%)	23 (22.1%)
1930	49 (100%)	33 (67.3%)	15 (30.6%)	1 (2.1%)	— (0.0%)	9 (18.4%)
1931	37 (100%)	30 (81.1%)	7 (18.9%)	— (0.0%)	— (0.0%)	4 (10.8%)
1932	119 (100%)	74 (62.2%)	36 (30.3%)	8 (6.7%)	1 (0.8%)	35 (28.4%)
1933	119 (100%)	55 (46.2%)	45 (37.8%)	11 (9.3%)	8 (6.7%)	32 (26.9%)
1934	107 (100%)	73 (68.2%)	25 (23.4%)	5 (4.7%)	4 (3.7%)	27 (25.2%)

It will be seen from the table that in comparison with the previous two years, in which there had been some rise in the average severity of the cases, there was a diminution in the proportion of cases classed as moderately severe and severe. Of the total of 107 cases, 27 (25.2 per cent.) showed complications sufficiently serious for note, a proportion somewhat below that for 1932 and 1933.

The proportion of complications occurring in the types of different severity is shown in the following table:—

Type of cases.	Total number.	Number showing complications.
Mild	73	16 (21.9 per cent.)
Moderately severe	25	9 (36.0 per cent.)
Severe	5	— (0.0 per cent.)
Uncertain severity	4	2 (50.0 per cent.)

It will be seen from the table that, as might have been expected, there is a greater tendency to complications in the more severe type of case, if the severe and moderately severe cases are considered together in contrast with the mild.

The following table shows the number of complications present. The individual complications are given, and since some cases present more than one complication, the total number of complications is greater than the total number of cases.

Complication.	No.	Remarks.
Cervical Adenitis	12	In no case was operation necessary on account of suppuration of the glands. In one case occurred in connection with a relapse.
Otitis Media	... 9	In one case myringotomy or incision of the drum was performed. In one case a mastoid operation was carried out, on account of further complication of mastoiditis. One case occurred in connection with a relapse.
Nephritis	... 6	Some of the cases classified as nephritis were very mild and had only transient albuminuria for a few days. One case occurred in connection with a relapse.
Arthritis	... 5	
Other Complications	2	Includes one case of axillary abscess and one of abscess on the upper eyelid.
Other diseases present (pre-existing or intercurrent).	4	Includes the following cases empyema, pneumonia, bronchitis (2 cases).
(These cases are not classified as compli- cated in former table)		

No deaths took place during the year under review.

It is usually stated in the text book that "relapses," that is secondary attacks with the special symptoms of scarlet fever occurring within a few weeks of the primary attack, occur in less than one per cent. of all cases. During the last few years however this proportion has been exceeded, as the following table shows:—

Year.	Total Cases.				Relapses.
1932	119	...	10 (8.4 per cent.)
1933	119	...	2 (1.7 per cent.)
1934	107	...	3 (2.8 per cent.)

The following table gives in summary form the particulars of those cases which showed relapses.

Type of Primary Attack.	Type of Relapse.	No. of days after Primary Attack of occurrence of Relapse.	Remarks.
Mild	Mild	22	Relapse complicated by adenitis
Moderately severe	Moderately severe	26	Relapse complicated by otitis media.
Mild	Moderately severe	40	Relapse complicated by nephritis Occurred 10 days after discharge from hospital

It will be noted that the relapses occurred some weeks after the onset of the primary attack, and I am satisfied that they were true relapses and not due to incorrect diagnosis of the original attack, though this is sometimes suggested as the explanation of "relapses." It seems that with the present mild type of scarlet fever the primary attack does not, in a small proportion of cases, confer immunity against further attacks of the original strain of organisms or possibly different strains with which the patient may be infected while in hospital. The occurrence of relapses in the small proportion of cases where they occur must be looked upon as one of the troubles of scarlet fever hospital administration comparable to the occurrence of return cases, and it is difficult to see what additional steps can be taken against their occurrence.

Antitoxin is given intramuscularly in the treatment of the more severe cases. There can be no doubt that this remedy in many cases causes a rapid fall of temperature and disappearance of the symptoms of the disease. It is also stated to prevent the appearance of complications, and, so far as they go, the figures of 1934 confirm this statement. The table, including severe and moderately severe cases only, shows the number of cases in which antitoxin was administered and the occurrence of complications. All the cases in which antitoxin was given were described as severe (4) or moderately severe (11).

	No. of cases.	Complicated.
Treated with antitoxin ...	15	4 (26.7 per cent).
Not treated with antitoxin ...	16	5 (31.25 per cent.)

The average duration of stay in hospital was 35.4 days. Ordinary uncomplicated cases which present no evidence of infectivity are

normally discharged after 28 days' treatment in accordance with the recommendations of the Ministry of Health. Where there is any evidence of continued infectivity they are retained for a more prolonged period. Peeling is no longer regarded as a source of infection, though the belief dies hard among the general population.

(b) Diphtheria.

Sixteen cases in which the diagnosis of diphtheria was definitely established were treated during the year. This number included 6 cases who were residents in the Borough and 10 cases taken in by arrangement with the Huntingdon Joint Hospital Board. All these cases were of mild or moderately severe faucial type, with the following exceptions:—one case of nasal diphtheria, one case admitted in the late stage of the disease with diphtheritic paralysis, and one severe case, in which the patient died on the tenth day after admission from cardiac failure. In the case of the patient suffering from diphtheritic paralysis otitis media supervened and finally a mastoid operation was found to be necessary.

(c) Typhoid.

One patient was admitted suffering from Paratyphoid B. He was a man aged 53 and died on the fourth day after admission.

(d) Other Diseases (other than Smallpox).

The following table shows the number of cases of other diseases treated:—

Disease.	No. of cases.	Average duration of stay in days.	Remarks.
Tonsilitis	4	13.7	One patient on staff. Remainder admitted on suspicion of diphtheria.
Erysipelas	4	12.7	
Erythema	1	4	Admitted on suspicion of scarlet fever.
Pharyngitis	1	7	Admitted on suspicion of diphtheria.
Dermatitis Exfoliativa	1	14	Admitted with original provisional diagnosis of measles. Transferred to St. Peter's Hospital.
Rubella	1	6	On hospital staff.
Scabies	2	23	

(e) Return Cases.

Return cases are defined as cases of scarlet fever or diphtheria occurring in the same house as a patient discharged from hospital or released from home isolation within a period of 28 days from such discharge or release. It cannot in all cases be certain that the patient discharged is in reality the source of infection, nor is the possibility of infection limited to the same house or the period of 28 days, so that such a definition is necessarily somewhat arbitrary.

Return cases are an unavoidable source of worry in Isolation Hospital Administration, and in spite of every care a certain proportion is bound to occur.

Each case is made the subject of careful enquiry, in order if possible to ascertain the cause of continued or renewed infectivity and to take action and give advice as to the avoidance of further spread of infection.

The following table shows the results of inquiry in return cases :—

Return Cases.

Case No.	Age and Sex of return case.	Age and Sex of infecting case.	Number of day of onset of disease in return case after discharge of infecting case.	Duration of stay in Hospital of infecting case in days.	Contact after discharge of infecting case with return case.	History of infecting case whilst in hospital.	History of infecting case since discharge.	Condition of infecting case on occurrence of return case.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	M.10	F.5	12	35	By day only	Mild case. No complications or conditions likely to give rise to infection.	Quite well apart from cough	Tonsils slightly enlarged	
2	M.3	F.7	13	47	By day only	Retained in hospital for prolonged period on account of nasal discharge. Clear on release from hospital.	Well apart from occurrence of sores on face	Tonsils slightly enlarged	
3	F.34	F.6	16	52	By day only	Retained in hospital for prolonged period on account of nasal discharge. Clear on release from hospital.	Quite well		Return case admitted in late stage of disease.
4	M.6	Same patient	19	ditto.	ditto.	ditto.	ditto.		ditto.
5	M.10	Same patient	41	ditto.	ditto.	ditto.			
6	F.38	M.5 M.12	3	33	By day only	M.5. Chronically enlarged tonsils. Enlarged on discharge. M.12. Mild case without complications.	M.5. Suffered from recurrent attack of tonsillitis and enlarged cervical glands almost immediately after discharge. M.12 quite well.	M.5. As under previous column M.12. Quite well	Included for sake of completeness. Not strictly within definition of return case.

Case No.	Age and Sex of return case.	Age and Sex of infecting case.	Number of day of onset of disease in return case after discharge of infecting case.	Duration of stay in Hospital of infecting case in days.	Contact after discharge of infecting case with return case.	History of infecting case whilst in hospital.	History of infecting case since discharge.	Condition of infecting case on occurrence of return case.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
8	M.3	F.5	17	31	Slept in same room but in different beds	Very mild case complicated by slight cervical adenitis. No indication of infectivity on discharge.	Quite well	Slight enlargement of tonsils	
9	F.17	M.13	21	30	By day only	Mild case. No indications of infectivity on discharge.	Stated to have had nasal discharge since release	Not examined	
10	F.4	M.7	21	29	By day only	Mild case. No indication of continued infectivity.	Quite well apart from stuffiness in nose	Slight nasal catarrh	Occurred in 1935 in connection with infecting case admitted and discharged in 1934.
11	M.10	Same patient	ditto.	ditto.	By day only two or three days before infection when he shared bed again with infecting patient	ditto.	ditto.	ditto.	ditto.

It will be seen that the above described 11 return cases occurred in connection with the discharge of 7 cases from hospital (members of the same household discharged from hospital being reckoned as one case). This corresponds to a percentage of 6.5 per cent. of patients who gave rise to return cases among those admitted during the year.

(f) Smallpox.

No patients suffering from smallpox were admitted during the year.

**(g) Local Government Act, 1929, Section 63—Revision of Isolation
Hospital Accommodation.**

In connection with the scheme of the Bedfordshire County Council for the provision of Isolation Hospital accommodation it has been suggested that the present Borough Isolation Hospital should be closed, and that a Joint Hospital Board should be formed by the Bedford Borough, the Bedford Rural District and the Kempston Urban District Councils, and should use the present Isolation Hospital at Oakley for the accommodation of cases of infectious disease other than smallpox after the necessary enlargement and modernisation. Negotiations to secure this end are now in progress.

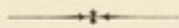
It is also suggested that the Bedford Borough Smallpox Hospital should be rendered available for the neighbouring districts of the County and negotiations are now in progress to secure this end.

CONCLUSION.

It may seem on reading much of the report just presented that the work is of a dull and routine character, and contains little of a spectacular nature. This is in the main true. If the aim of the work of a Public Health Department is to prevent disease it can be claimed that, in proportion as they are efficient in this respect, its operations will not attract notice. Indeed the ideal which individuals working in such a Department might well set before themselves is that which the statesman Pericles set before the women of ancient Athens "that they should be spoken of as little as possible either for praise or for blame."



BOROUGH OF BEDFORD.



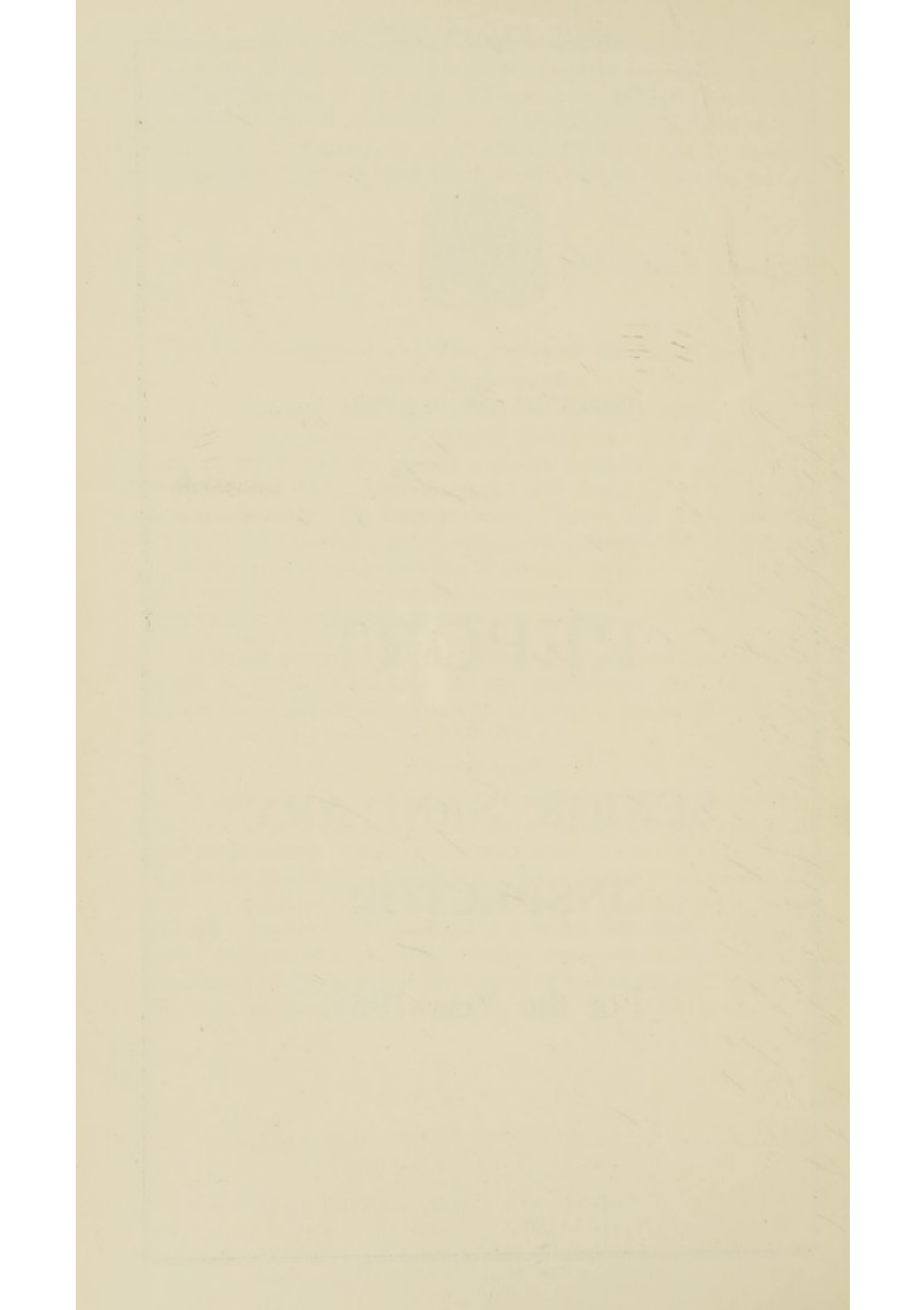
REPORT

OF THE

SENIOR SANITARY

INSPECTOR

For the Year 1934.



CONTENTS.

I. SANITARY INSPECTION OF THE AREA	... ..	page 99
1.—SUMMARY OF GENERAL INSPEC- TIONS AND ADMINISTRATIVE DUTIES		
2.—ADMINISTRATION		
(a) <i>Housing Acts</i>		
(b) <i>Public Health Acts</i>		
3.—TABLE SHOWING DETAILS OF WORK CARRIED OUT AS A RESULT OF INSPECTIONS		
(a) <i>Dwelling Houses</i>		
(b) <i>Other Premises</i>		
(c) <i>Administration—Summary of Notices Served.</i>		
4.—OBSERVATIONS		
(a) <i>Action under the Housing Acts</i>		
(b) <i>Action under Public Health Acts</i>		
(c) <i>Action under Byelaws, Orders and Regulations</i>		
5.—RIVERS AND STREAMS		
6.—REFUSE: STORAGE, COLLECTION AND DISPOSAL		
(a) <i>House Refuse</i>		
(b) <i>Trade Refuse</i>		
7.—STABLES AND OTHER PREMISES WHERE ANIMALS ARE KEPT		
8.—RATS AND MICE DESTRUCTION ACT, 1919.		

9.—DRAINS

- (a) *Testing and Inspection*
 - (i) *Private Houses and other Premises*
 - (ii) *Schools and Boarding Houses*
- (b) *Repairs*
 - (i) *Private Houses and other Premises*
 - (ii) *Schools and Boarding Houses*
- (c) *Remarks*

II. PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYELAWS AND REGULATIONS *page 113*

- 1.—HOUSES LET IN LODGINGS
- 2.—COMMON LODGING HOUSES
- 3.—MOVEABLE DWELLINGS (TENTS, VANS, SHEDS &c.)
- 4.—HOTELS, PUBLIC HOUSES, REFRESHMENT PREMISES AND RESTAURANT KITCHENS
- 5.—AMUSEMENT HOUSES
- 6.—OFFENSIVE TRADES

III. RAG FLOCK ACTS, 1911 and 1928 ... *page 117*

IV. FACTORY AND WORKSHOPS ACT, 1901 *page 117*

- 1.—GENERAL SCOPE OF WORK
- 2.—HOMEWORK

V.—DISINFECTION AND DISINFESTATION *page 120*

- 1.—INFECTIOUS DISEASES AND DISINFECTION
- 2.—DISINFESTATION

Report of Senior Sanitary Inspector.

F. C. HAYNES, Cert.R.S.I., M.S.I.A.

I. Sanitary Inspection of the Area.

The duties carried out by the Sanitary Inspectors of the Department during the year 1934 are included in the following (1) Summary of Inspections and (2) Table showing detailed nature of work carried out, together with the information contained in the report of the Medical Officer of Health.

1.—Summary of General Inspections, and Administrative Duties.

Housing.

No. of Houses inspected and recorded under the Housing Regulations	1018
„ Houses found not to be in all respects reasonably fit for human habitation	940
„ Houses found to be totally unfit for human habitation	13
„ Premises inspected under the Public Health Acts ...	1031
„ Premises at which nuisances or defects were discovered	826
„ Re-visits to houses and premises under Housing and Public Health Acts	8508
„ Houses remedied under Housing Acts	*950
„ Premises where nuisances remedied under Public Health Acts	826
„ Houses and rooms found to be overcrowded on Manchester standard (new cases)	40

* This figure includes 63 houses inspected in 1933.

Drainage.

No. of House drains tested on payment of fee	29
„ House drains where defects found	26

No. of Drains tested on complaint	30
" " where defects found	29
" " inspected after exposure	27
" " where defects found	27
" Schools and Boarding House drains tested	58
" " " " " " " where defects found	12
" Drains examined after notification of Infectious Disease	103
" Re-visits for inspection during repairs and reconstruction	1202
" Retests made to drains	236

Infectious Diseases.

No. of Visits made	187
" Patients removed to Isolation Hospital	121

Cowsheds and Dairies.

No. of Visits made to Cowsheds	14
" " " Dairies and Milkshops	385

Visits made to Slaughter Houses and Butchers' Shops.

No. of Visits to Slaughter Houses	1914
" " Meat Shops and Vehicles	244

Visits made to other Food Premises.

No. of Visits to Fish Shops and Vehicles	145
" " Fruit Shops and Vehicles	224
" " Grocery and Provision Shops and Vehicles	164
" " Restaurant Kitchens and Refreshment Houses	71
" " Ice Cream Premises	57
" " Cold Stores	17
" " Bakehouses	105

Visits made to Markets and Stalls.

No. of Visits to Meat Stalls	126
" " Fish Stalls	79
" " Fruit Stalls	203
" " Grocery Stalls	118
" " Cattle Market	51
" " Poultry and Produce Market	70

Factory and Workshops, including Bakehouses.

No. of Visits to Factories, including Bakehouses	104
" " Workshops, including Bakehouses	465
" " Workplaces	24
" " Outworkers' Premises	69

Smoke Abatement.	
No. of Observations made	5
„ Interviews with Managers and Stokers, etc. ...	2
Offensive Trades.	
No. of Visits of inspection to premises and vehicles ...	52
Common Lodging Houses.	
No. of Visits made	26
Houses Let in Lodgings.	
No. of Visits made	246
Sundry Nuisances.	
No. of Visits made reference complaints or nuisances discovered	179
Miscellaneous Visits.	
No. of Visits made (unclassified)	723
Animals (Premises).	
No. of Visits made	21
Moveable Dwellings, Caravans, &c.	
No. of Visits made	104
Amusement Houses.	
No. of Visits made	29
Public Houses and Hotels.	
No. of Visits made	85
Merchandise Marks Acts.	
No. of Visits made to shops and vehicles	526
Rats and Mice Destruction Acts.	
No. of Visits made to infested premises	159
Food and Drugs Sampling.	
No. of Samples submitted to the Public Analyst, formal	26
informal 64	90
„ Samples reported upon as being adulterated ...	6
„ Informal samples procured and examined in the Laboratory of the Public Health Department ...	411
No. found to be not of requisite standard	65
No. of Samples of Graded Milk submitted for examination	44
„ Samples of Graded Milk not of requisite standard	6
„ Samples for bacteriological examination	91
„ Samples for tuberculosis examination	33

General Administration.

No. of Interviews with Owners, Agents, Builders, Tenants, etc.—							
	At office	...	...	...	...	...	2246
	On site	...	...	...	...	...	4520
„	Informal notices served under Housing Act	...					940
„	„ „ „ „ „ Public Health Acts	...					826
„	„ „ „ „ „ various Byelaws, Orders and Regulations	...	...	...	...		103
	Total No. of Informal notices served	...	...	...	...		1869
„	Statutory Notices served—						
	Housing Act	...	...	...	...	...	27
	Public Health Acts	...	...	...	...	...	3
„	Legal proceedings taken under—						
	Public Health Acts	...	...	...	...	...	—
	Housing Acts	...	...	...	...	...	—
	Food and Drugs Act	...	...	...	...	...	—
	Other Statutes, Orders or Regulations	...	...	...	...	...	—

2.—Administration.**(a) Housing Acts.**

The work of inspecting houses under these Acts has been chiefly confined to houses that have been built for some thirty or forty years.

A total of 1018 houses were inspected during the year under review.

Further particulars as to action taken under the Housing Acts are given under the section dealing with Housing Conditions in the Report of the Medical Officer of Health.

(b) Public Health Acts.

Only minor defects or nuisances such as blocked drains, accumulation of rubbish, defective dustbins or absence of same, keeping of animals so as to be a nuisance, or the overcrowding of houses are dealt with under these Acts, and are usually discovered on complaint or in the case of visiting the premises in connection with enquiries relating to Infectious Diseases or other branches of work. In all instances these defects or nuisances were remedied as a result of informal action.

Some 1031 premises were inspected under the Acts during the year, and in all a total of 1977 visits were made.

3.—Table showing detailed nature of work carried out as a Result of Inspections.

(a) Dwelling Houses.

Dwelling Houses—General Improvements.

No. of Defective roofs repaired or renewed	...	...	193
" Defective chimney heads repaired or renewed	...	...	298
" Eavesgutters and downspouts repaired or renewed	...	...	222
" Damp walls remedied	...	...	521
" Defective walls, brickwork and pointing made sound	...	...	425
" Rooms cleansed and re-decorated	...	...	1996
" Verminous rooms disinfested	...	...	468
" Defective floors repaired or renewed	...	...	536
" Defective windows repaired or renewed	...	...	676
" New windows fixed to provide additional light	...	...	41
" Defective firegrates repaired or renewed	...	...	402
" Defective doors repaired or renewed	...	...	87
" New sills provided or repaired to windows and doors	...	...	164
" Defective stair treads repaired or renewed	...	...	58
" Handrails provided to stairs	...	...	434
" Defective coppers repaired or renewed	...	...	123
" Rooms provided with permanent ventilation	...	...	1430
" Food cupboards provided	...	...	16
" Defective food cupboards made sound	...	...	337
" Glazed sinks provided in lieu of defective stone sinks	...	...	232
" Sinks and waste pipes repaired or renewed	...	...	191
" Walls cemented or tiled at back of sinks	...	...	221
" Separate sinks and water supply provided	...	...	3
" Houses provided with internal water supply (added areas)	...	...	130
" Bath and sink waste pipes trapped	...	...	27
" Rent books with absence of owner's name and address	...	...	27
" Rent books with absence of Medical Officer of Health's name and address	...	...	27
" Houses at which overcrowding abated	...	...	32

Water Closets.

No. of Premises where additional W.C. provided	...	...	1
" Premises where separate W.C. accommodation provided	...	...	1
" Premises where defective W.C. repaired or rebuilt	...	...	72
" Pedestal pans provided	...	...	186
" Lift-up seats provided in lieu of boxed-in seats	...	...	592
" Defective W.C. seats repaired	...	...	13
" Water supply provided	...	...	2
" Defective cisterns or fittings repaired or renewed	...	...	42

No. of Premises where W.C. compartments cleansed	...	...	...	...	175
„ Premises where ventilation and lighting provided	...	...	...	...	123
„ Premises where W.C. provided in lieu of dry receptacle	...	...	...	...	—

Outhouses.

No. of Defective outhouses repaired or rebuilt	...	...	...	...	46
„ Defective spoutings repaired or renewed	...	...	...	...	55
„ Defective floors repaired or renewed	...	...	...	...	29
„ Outhouses cleansed	...	...	...	...	13
„ Outhouses demolished	...	...	...	...	1

Drainage.

No. of Blocked drains cleared and flushed	...	...	...	...	168
„ Defective drains repaired or partially reconstructed	...	...	...	...	47
„ Defective drains wholly relaid	...	...	...	...	34
„ Intercepting traps fixed	...	...	...	...	14
„ Intercepting or inspection chambers built	...	...	...	...	73
„ Intercepting or inspection chambers repaired	...	...	...	...	11
„ New covers provided to inspection chambers	...	...	...	...	65
„ Fresh air inlets to intercepting traps provided or repaired	...	...	...	...	24
„ New soil and vent pipes fixed	...	...	...	...	62
„ Soil and vent pipes repaired	...	...	...	...	15
„ Insanitary traps abolished	...	...	...	...	8
„ Rain water pipes disconnected from drains	...	...	...	...	17
„ New covers provided to gullies	...	...	...	...	27

Yards.

No. of Houses at which yards were paved	...	...	...	...	70
„ Houses at which yard paving was repaired or renewed	...	...	...	...	438
„ Passages levelled and gravelled	...	...	...	...	5
„ Sanitary dustbins provided	...	...	...	...	744
„ Nuisances abated arising from accumulation of filth or keeping of animals	...	...	...	...	33
„ Houses at which ashpits demolished	...	...	...	...	—
„ Boundary walls repaired or renewed	...	...	...	...	51

Infectious Diseases.

No. of Rooms disinfected	...	...	...	...	227
„ Articles of bedding, clothing, etc., disinfected	...	...	...	...	19275
„ Rooms stripped and cleansed after infectious disease	...	...	...	...	23

Disinfestation.

No. of Rooms disinfested	468
--------------------------	-----	-----	-----	-----	-----

(b) Other Premises.**Slaughter Houses and Meat Shops.**

No. where Defective roofs and spouting remedied ...	...	5
" " Defective walls or ceilings remedied ...	...	3
" " Defective floors or yard paving remedied ...	...	1
" " Other improvements carried out ...	...	11
" " Blocked or defective drains remedied or reconstructed ... ..	...	1
" " Defective lighting and ventilation remedied ...	...	1
" " Regular periodic limewashing and general cleansing carried out ... ..	...	131

Cowsheds and Dairies.

No. of New dairies constructed or established ...	...	1
" Existing dairies at which other improvements carried out ... ..	...	7
" Dairies where limewashing and general cleansing carried out ... ..	...	70

**Factories, Workplaces and Workshops (including
Bakehouses).**

No. where Defective roofs or spouting remedied ...	...	2
" " Defective walls or ceilings remedied ...	...	4
" " Defective floors remedied ...	...	3
" " Defective yard pavings remedied ...	...	3
" " Other improvements carried out ...	...	9
" " Blocked or defective drains remedied or reconstructed ... ..	...	3
" " Defective lighting or ventilation remedied ...	...	3
" " Sanitary accommodation requirements complied with—(a) Provided ... ..	...	11
" " (b) Repaired ... ..	...	12
" " Overcrowding remedied ... ..	...	—
" " Regular periodic limewashing and general cleansing carried out ... ..	...	93
" " Register provided ... ..	...	2
" " Sinks provided ... ..	...	1
" " Dustbins provided ... ..	...	2

Offensive Trades Premises.

No. where Limewashing and general cleansing carried out	...	24
" " Structural defects remedied ... ..	...	3
" " Floors relaid or repaired ... ..	...	1
" " Yards repaved or repaired ... ..	...	2
" " Premises entirely reconstructed ... ..	...	—

No. where Drains reconstructed	...	...	...	...	—
„ „ Additional ventilation provided	...	...	...	...	1
„ „ New sanitary bins provided	...	...	...	...	9
„ „ Modern fish frying ranges fixed	...	...	...	...	2
„ „ Ranges repaired	...	...	...	...	1

Public Houses and Hotels.

No. where Flushes provided to urinals	...	...	...	...	2
„ „ W.C.'s provided or reinstated	...	...	...	...	5
„ „ Paving made sound	...	...	...	...	1

Food Premises (Shops), Etc.

No. where structural defects remedied	...	...	...	...	2
„ „ Other improvements carried out	...	...	...	...	3
„ „ Defective lighting or ventilation remedied	...	...	...	...	1
„ „ Limewashing or general cleansing carried out	...	...	...	...	31

Refreshment Houses and Restaurant Kitchens.

No. where structural defects remedied	...	...	...	...	2
„ „ Other improvements carried out	...	...	...	...	3
„ „ Defective lighting or ventilation remedied	...	...	...	...	1
„ „ Limewashing or general cleansing carried out	...	...	...	...	9

Common Lodging Houses.

No. where structural defects remedied	...	...	...	...	1
„ „ Limewashing and general cleansing carried out	...	...	...	...	12
„ „ Other improvements carried out	...	...	...	...	1

Houses Let in Lodgings.

No. where structural defects remedied	...	...	...	...	5
„ „ Floors repaired	...	...	...	...	3
„ „ Additional ventilation provided	...	...	...	...	1
„ „ Proper food storage provided	...	...	...	...	4
„ „ Additional artificial light provided	...	...	...	...	2
„ „ Yards repaved	...	...	...	...	1
„ „ Drains reconstructed or repaired, and inspection chambers built, and soil and vent pipes fixed	...	...	...	...	1
No. of W.C. pedestal pans fixed	...	...	...	...	1
„ Additional W.C.'s provided	...	...	...	...	—
„ Additional glazed sinks fixed	...	...	...	...	1
„ Water service supply pipes fixed	...	...	...	...	1
„ Defective sinks replaced with glazed sinks	...	...	...	...	1
„ Sanitary dustbins provided	...	...	...	...	9
„ Rooms and staircases and passages cleansed and re-decorated	...	...	...	...	29

SANITARY INSPECTION OF THE AREA

107

No. of Additional cookers provided	1
„ Additional wash boilers provided	1
„ Overcrowded sleeping rooms abated (Manchester Standard)	24
„ W.C. fittings repaired or renewed	9

Animals (Premises).

No. where structural defects remedied	1
„ „ Limewashing and general cleansing carried out	9

Smoke Abatement.

No. of structural improvements	1
„ Smoke preventing apparatus installed	—

Amusement Houses.

No. where structural improvements effected	4
„ „ Cleansing and re-decoration carried out	5
„ „ Improvements to sanitary accommodation effected	—

(c) Administration of Housing Acts, Public Health Acts and various Byelaws, Orders and Regulations.

The following table gives a summary of the Notices served to secure compliance with the provisions of the various Statutes, Byelaws, Orders and Regulations, together with the result of such action.

Statute.	No. of premises inspected.	Notices served.		Notices complied with.	Notices still out-standing.
		Informal.	Statutory.		
Housing Acts ...	1018	940	27	914	53
Public Health Acts ...	1031	826	3	829	—
Various Bye-laws, Orders and Regulations	154	103	—	103	—
Totals	2203	1869	30	1846	53

4.—Observations.

(a) Action under the Housing Acts.

The duties of the Sanitary Inspectors in applying the various provisions of these Acts are onerous and require a good deal of tact and forbearance and time, but this is amply repaid by the great improvement of the housing conditions in the Borough.

Before serving a notice under Section 17 of the Housing Act the Inspector must take into consideration the reasonableness of the works specified and the value of the house when the works are completed.

The usual procedure adopted in the Department for the administration purposes is by the service of informal notices upon the agent, owner or occupier, specifying the work required to be done, which is usually followed by an interview with the owners and contractors. This course appears to work very well, as it gives an owner the opportunity of satisfying himself as to the reasonableness of the requirement, and to seek the advice of the Department.

A total of 940 Informal Notices were served.

In all some 2,246 interviews took place at the office and 4,520 on the property in order to secure that the work is put in hand, and 7,562 visits were made for the purpose of ensuring that the works specified were carried out in a proper manner.

It was only found necessary to serve 21 Statutory Notices under Section 17 of the Housing Act, 1930, for repairs upon 4 owners in order to secure compliance with the Statute, and 6 Statutory Notices under Section 19 for demolition.

The outstanding informal notices at the end of the preceding year were duly complied with during the early part of the year under review.

The work in connection with the 53 outstanding notices will be completed in the near future.

(b) Action under Public Health Acts.

826 informal notices were served under these Acts relating to nuisances arising from blocked drains, accumulation of rubbish, keeping of animals, overcrowding and defective dustbins.

It was only found necessary in three instances to serve Statutory Notices under these Acts to secure the replacement of defective dustbins.

All the notices served under these Acts were complied with during the year under review.

(c) Action under Byelaws, Orders and Regulations.

There were 103 instances in which it was found necessary to serve informal notices in regard to infringement, and were chiefly in connection with Houses Let in Lodgings, Common Lodging Houses,

Dairies, Slaughter Houses and Food Preparing Premises, Offensive Trades, Smoke Abatement, Keeping of Swine, and Amusement Houses, and these were all complied with.

5.—Rivers and Streams.

During the course of making a survey of the added areas it was found that a number of the ditches and ponds in the Goldington Parish were being polluted by sewage effluent from cesspools and drains, and by the dumping of garbage and household refuse.

With regard to sewage pollution to the streams this should cease as soon as sewers are available. Since the introduction of collection of household refuse by the Corporation, the practice of dumping refuse into the ditches has stopped.

6.—Refuse, Storage, Collection and Disposal.

(a) House Refuse.

The duty of seeing that household refuse is stored in a proper manner is performed by this Department, and in order to assist, the Borough Surveyor kindly notifies to me periodically houses at which receptacles are defective or absent, which together with inspections made either under the Housing or Public Health Acts enables one to ensure that sanitary bins are provided.

During the year 233 informal notices relating to the provision of sanitary dustbins in the old Borough were served and duly complied with.

With regard to the added areas a survey of all the houses was made during the early part of the year when it was found that 511 houses were not provided with sanitary dustbins, and upon taking informal action the owners at once provided the bins with the exception of 10 cottages in Old Fenlake and 6 at Biddenham Ford End, where it was decided not to collect refuse or to insist on the provision of bins.

In all a total of 744 sanitary dustbins were provided to houses during the year.

The work of collection and disposal of house refuse is under the control of the Borough Surveyor and as from April last the collection of refuse from houses in the added areas was undertaken.

The disposal of refuse is by incineration at the Destructor Works.

(b) Trade Refuse.

To secure proper storage of trade refuse, repeated visits are

made to business premises by the Inspectors and on the whole very little cause for complaint is found to exist.

In a number of instances, the tradesmen deliver the trade refuse by their own vehicles to the Destructor Works, whilst in a few cases tradesmen burn refuse in their own incinerators.

In addition to disposal of trade refuse by incineration at the Dust Destructor a large quantity of incombustible material, or bulky articles are dumped by "tipping" on land known as "Cox's Pits" (privately owned) the supervision of this dump being under the control of the owner.

During the year under review a considerable amount of builders' materials and soil was dumped there. Many visits are paid to the dump and no serious nuisance has been detected.

7.—Stables and other Premises where Animals are kept.

The number of stables in the Borough is rapidly being reduced by the introduction of motors, the stables being converted into garages or workshops. The nuisance of flies breeding from manure pits is therefore being gradually overcome. In 5 instances it was found necessary to take action in respect of regular removal of manure.

With respect to keeping of swine in the old Borough, this only takes place on the allotment fields, but in the added area there are a number of pigs being kept within a distance of 150 feet of the house, and appropriate action will be taken as soon as the byelaws relating to the keeping of swine become applicable to the area.

Repeated visits are paid to all premises where animals are kept in order to ensure that they are being maintained in a sanitary condition, and on the whole were found to be satisfactory. At a number of houses tenants keep poultry and rabbits in the yards and in very few instances has one found cause for complaint, but where they are kept in an insanitary condition steps are at once taken to persuade the occupier to refrain from keeping the animals or birds.

Visits have also been paid to premises in the centre of the town known as "Zooland," where small species of animals, birds and reptiles are kept for sale and exhibition and I have had no cause for complaint.

8.—Rats and Mice Destruction Act, 1919.

In the older parts of the town and near to the banks of the river are to be detected a number of rats, and the question of dealing with

rat repression is at times somewhat difficult although every endeavour to secure the eradication of these pests is taken.

When a complaint of rat infestation is received, an inspection of the premises is at once made, attention given to the condition of the drains and tests applied to them if deemed necessary, also attention is given to the state of the premises.

Poison baits are laid at various times, and on the whole appear to give satisfactory results.

With regard to the public sewers the Borough Engineers' Department have laid down poison baits in the street manholes with, I understand, good results.

Attention is also paid to the refuse tip at "Cox's Pits" in order to keep down infestation.

Every week is given up to "Rat Repression," as this is the only way to keep down the rodents and so therefore "National Rat Week," which is usually held in November, is not specially observed in this Borough. It must be borne in mind that unless universal action is taken throughout the country rat infestation will continue with us.

In all 159 visits were made by the Inspectors to infested premises.

9.—Drains.

(a) Testing and Inspection.

(i) PRIVATE HOUSES AND OTHER PREMISES.

In the Borough a scheme has been in operation for several years whereby for a nominal charge of 15/- drains to any house may be smoke tested and reported upon. In a town of this character this has proved to be of some advantage to persons who, before purchasing or even leasing houses of a residential type are desirous of knowing the condition of the drains and sanitary fittings. There are very few towns in which a scheme of this nature is in operation. Before the test is applied the owner's written consent is obtained, and an undertaking that should the drains be found defective such defects will be remedied. During the year 29 drains were tested under this scheme, and in 26 instances were found to be defective.

In the event of persons complaining as to the condition of their drains, tests or inspections are made without payment of fee, and in all 30 drains were tested or inspected, and in 29 instances defects were discovered.

The drains to houses at which cases of infectious disease occur are inspected in every instance. In all the drains at 103 houses were examined but no defects were discovered.

During the course of repairs to houses and other premises, 27 drains were exposed and in all cases found to be defective. These were subsequently put in order.

(ii) SCHOOLS AND BOARDING HOUSES.

The drains at the schools and boarding houses in connection with the Harpur Trust are, by arrangement with the Department, tested and reported upon periodically on the payment of a nominal fee.

Also the drains to private schools and their boarding houses are, by arrangement, tested and reported upon annually on payment of a nominal fee.

A total of 58 schools and boarding house drains were tested, and in 12 instances were defects discovered.

The drains of the elementary schools are now under the control of the Borough Surveyor's Department.

(b) Repairs.

(i) PRIVATE HOUSES AND OTHER PREMISES.

At 34 houses or premises the drains were totally relaid, and at 47 houses or premises the drains were repaired, etc. In all 81 drains were made sound.

(ii) SCHOOLS AND BOARDING HOUSES.

Repairs were carried out to the drains at 10 school premises.

(c) Remarks.

In order to ensure that the works of reconstruction or repair to drains and sanitary fittings are remedied in a satisfactory manner, 1,202 visits were necessary and 236 retests applied to the drains.

The work of supervision of drains is one of some importance, and throughout the year special attention is given to this branch of the work.

The sum of £72 15s. 0d. was received for the testing of drains to private houses, schools and boarding houses during the year under review, and this was paid over to the Borough Treasurer's Department.

II. Premises and Occupations which can be controlled by Bye-laws and Regulations.

1.—Houses Let in Lodgings.

There are still a number of large houses of the older type situated usually in residential parts of the Borough being let and occupied as "Houses Let in Lodgings," and I am afraid that this type of house will only be let for this class of dwelling as most would-be tenants now require houses of modern type.

The following table shows the number of this type of premises.

On the Register at end of 1933	...	...	62
Added to Register during 1934	...	...	12
			—
			74
Removed from the Register during 1934	...	...	6
			—
Remaining on Register at the end of 1934	...	...	68
			—

As will be seen from the report for the year 1933 there is an increase in the number of premises, although during the year under review a number of persons with families were taken out and rehoused on the Corporation Housing Estates; still there is an inflow of people into these premises, most of them coming from distressed areas. Fortunately there are now no persons occupying rooms with large families, the maximum being three children and this only in 15 instances.

There are in all 641 rooms comprising 331 living rooms and 265 sleeping rooms and 45 combined sleeping and living rooms, accommodating 452 adults and 154 children (under 10 years of age), representing 240 families. In only 5 instances are children occupying rooms used as a combined room.

It is necessary to keep a number of these premises under constant supervision to ensure that they are being maintained in a sanitary condition, and that the byelaws regulating these dwellings are being observed.

During the year it was found necessary at a number of the premises to cleanse and redecorate the rooms and staircases, to overhaul the sanitary fittings and drains and provide additional sanitary dustbins.

In all 246 visits were made.

2.—Common Lodging Houses.

There are still two Registered Common Lodging Houses in the Borough with accommodation for 58 male lodgers. At the larger of these premises (50 beds) electric lights have been installed and the walls and ceilings of all rooms painted instead of limewashed, and the common wash-house enlarged.

Both these registered premises have been maintained in a satisfactory manner and the Byelaws relating to them duly observed.

The weekly returns made by the keepers of the two Registered Common Lodging Houses showed the total number of male lodgers accommodated during the year as being 11,438, an average of 31.34 per night. This shows an increase over previous years of persons occupying this type of dwelling, which I think is an indication of an increase of public works and industry in the area.

In addition to these Registered Houses there are now three other premises which, by reason of the mode of letting, do not appear to come within the legal definition of a Common Lodging House, though from point of view of supervision they are dealt with as such.

At these three premises accommodation is provided for 62 males. Visits are paid to these premises and on the whole they appear to be well conducted and kept clean.

During the early part of the year one "Unregistered House" was closed and the premises have since been relet as a private dwelling.

No case of infectious disease amongst the lodgers was reported or discovered during the year. 26 visits were paid to these premises during the year.

3.—Moveable Dwellings.

(Tents, Vans, Sheds, etc.)

Situated in a field in the Borough there is a caravan permanently occupied by two male adults. Repeated visits are made and the van is kept in good order, the occupants of the same obtaining their water supply, and using the sanitary convenience, of an adjoining public house.

In addition there are some 4 caravans which occupy, during the winter months, a large yard adjoining a public house. These vans are kept in good order and water supply and sanitary accommodation is provided for them.

There are also some 9 temporary wooden huts and two tents which are used for habitation during the summer months alongside the river bank at Cardington. Visits have also been paid to these, and no cause for complaint was found.

The caravans occupied by showmen and their families who attended the two Statute Fairs in April and October were also inspected and found to be kept in a cleanly condition, although I should imagine some of them are somewhat overcrowded for sleeping purposes. When inspecting these vans enquiries are made as to the health of the dwellers, and in all cases no sickness was reported or discovered.

4.—Hotels, Public Houses, Refreshment Premises and Restaurant Kitchens.

There are in the Borough quite a number of this type of premises and visits of inspection are made to ascertain that the sanitary accommodation is in order and that the kitchens and utensils are maintained in a cleanly condition in order that the food may be prepared and cooked in proper manner.

One large tea room in connection with a new cinema was constructed during the year with modern kitchen appliances.

A number of improvements have been made to the sanitary accommodation of Public Houses where, in a few instances, additional W.C.'s have been built in order to ensure separate accommodation for the sexes.

A total of 156 visits have been made to these premises.

5.—Amusement Houses.

There are now in the Borough one theatre, five cinemas and some twelve halls apart from those attached to the Sunday schools and clubs where concerts and dances are held.

At the theatre the dressing rooms have been cleansed and painted, and it is proposed during the coming year to provide additional lavatory accommodation for the use of persons occupying seats upstairs.

One large cinema with accommodation for nearly 2,000 persons was opened at the end of the year. This was constructed on modern

lines and is provided with ample sanitary accommodation and an air conditioning plant.

A number of minor improvements have been made to the other four cinemas.

A number of visits have been made to all of these buildings, and on the whole they have been maintained in a cleanly condition.

6.—Offensive Trades.

There are two classes of offensive trades carried on in Bedford, namely, fish frying and rag and bone dealing. The trade of fish-frying takes place at 17 premises and in addition there are five travelling vans (garaged at 3 premises), and the trade of rag and bone dealing at 5 premises.

The business of fish frying was discontinued at two premises during the year, and one additional premises was added, this having been established some years ago in an obsolete motor bus in the added area at New Fenlake. The attention of the occupier was directed to this unsuitable structure, with the result that plans for a proper fish shop have been submitted, and this should be erected during the early part of the present year.

With two exceptions all the frying ranges are of modern type with gas fires; one modern range was installed during the year at one of the existing premises. The whole of the interiors of the shops have been repainted and the preparing rooms cleansed and whitewashed.

There has been no cause for complaint amongst these premises in the old Borough and the businesses have been well conducted.

Particular attention was paid to rag and bone stores during the summer months in order to ensure that all bones and rags were being properly stored and speedily removed, and although it was an extremely hot summer, no cause for complaint was received.

These premises have also been maintained in a satisfactory condition.

52 visits of inspection were made to offensive trade premises during the year.

III. Rag Flock Acts, 1911 and 1928.

Rag Flock is not manufactured in the Borough, and only at two premises is the commodity used in small quantities. These premises were visited, and as the Rag Flock was sold under a guarantee it was not thought necessary to take samples.

IV. Factory and Workshops Act, 1901.

1.—General Scope of Work.

The supervision as regards factories, both textile and non-textile is under the control of H.M. Inspector of Factories, with the exception of the provision of and maintaining sanitary accommodation in proper order, but the sanitary condition etc., of all domestic factories, workshops and work places is under the control of the Sanitary Authority.

At the end of the year there were on the Register 494 factories, workshops, bakehouses, and workplaces.

During the year one notification was received from H.M. Inspector of Factories as to the occupation of a workshop in the Borough, and this was added to the register.

Ten workshops were found to exist in the added areas, but no factories.

In three instances notifications were received from H.M. Inspector of Factories relative to contraventions of the Act as follows:—

- (1) Limewashing of two bakehouses being overdue.
- (2) Workroom requiring cleansing.

Upon taking appropriate action these breaches of the Act were rectified and H.M. Inspector duly informed.

In addition 59 contraventions of the Act were discovered during the course of inspection, and upon serving of informal notices the same were complied with.

593 visits have been paid to these premises, and on the whole they have been maintained in a satisfactory manner.

1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

PREMISES. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers Prosecuted. (4)
Factories (including Factory Laundries and Bakehouses)	104	13	—
Workshops (including Workshop Laundries and Bakehouses)	465	39	—
Workplaces (Other than Outworkers Premises)	24	1	—
Totals	593	53	—

2.—Defects found in Factories, Workshops and Workplaces.

PARTICULARS. (1)	Number of Defects			Number of offences in respect to which Prosecutions were instituted. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of Cleanliness	19	19	—	—
Want of Ventilation	1	1	—	—
Overcrowding	—	—	—	—
Want of Drainage of floors ...	1	1	—	—
Other nuisances	4	4	—	—
Sanitary accommodation—				
Insufficient	10	8	—	—
Unsuitable or defective	23	23	—	—
Not separate for sexes	3	3	—	—
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground bakehouse (s.101)	—	—	—	—
Other offences†	1	1	—	—
Totals	62	60	—	—

*Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

†Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.

2.—Homework.

In order to supervise premises where homework of certain specified classes is carried on, occupiers of factories and workshops are required to submit lists of outworkers twice a year, February and August.

During the year 56 forms were sent to occupiers and 41 duly returned giving the names of 32 outworkers; notifications were also received from 4 other authorities in respect of 4 persons, making a total of 36 outworkers.

No cases of infectious diseases occurred amongst these outworkers.

One outworker's premises was situated in the added area.

69 visits of inspection were made to outworkers' premises and apart from two premises at which cleansing was due, they were found to be kept in a satisfactory manner.

V. Disinfection and Disinfestation.

1.—Infectious Diseases and Disinfection.

After notification of infectious diseases, disinfection of rooms, clothing and bedding, etc., is carried out as a matter of systematic routine following the removal of the patient to the Isolation Hospitals or recovery of the patient after isolation at home.

The rooms and contents are usually disinfected by formalin and occasionally the clothing and bedding is subjected to steam disinfection at the disinfecting station or Isolation Hospital.

Disinfection is also carried out to rooms, etc., occupied by persons suffering from tuberculosis. Rooms and contents that have been occupied or used by persons suffering from cancer are also disinfected.

In all cases of infectious diseases, tuberculosis and cancer the disinfection is carried out without a charge, but in cases of other illnesses a nominal charge is made to cover the cost of disinfectants only.

The following table shows the number of disinfections in connection with the various classes of diseases.

	Rooms.	Articles of bedding and clothing, &c.
Notifiable Infectious Diseases ...	126	10,875
Tuberculosis	40	3,390
Cancer and other Diseases ...	61	5,010
Totals	227	19,275

The sum of £1 19s. 0d. was received and paid over to the Borough Treasurer in respect of special disinfection carried out on request.

A number of books belonging to certain private libraries were destroyed in accordance with instructions of the librarians owing to the occurrence of infectious disease in the homes of the borrowers, whilst in case of the public libraries the books were disinfected.

All houses in which cases of infectious diseases occur are made the subject of inspection and attention is also given to ascertain the condition of the drains and sanitary fittings.

187 visits were made by the Sanitary Inspectors with regard to the investigation of cases of infectious diseases and disinfections in connection therewith.

2.—Disinfestation.

The eradication of vermin from houses receives continuous attention from the Department.

Cases of infestation are usually discovered as a result of housing inspection or by report of the Housing Manager and Health Visitors.

In order to secure an effective remedy the co-operation of the tenant and landlord is essential. Superficial woodwork is removed and all paper stripped off walls, badly infested bedding burnt and bedsteads treated with a plumber's blow-lamp. Then an effective "Insecticide" is sprayed on the walls and floors, which process is repeated at intervals of seven days until all signs of the vermin have disappeared.

Owing to the fairly hot summer there appeared to be an increase of infestation amongst certain classes of houses, but systematic action was taken, and as a result 468 rooms contained in 107 houses were dealt with.

In a few cases it was necessary to destroy bedding. It was also necessary to carry out disinfestation of articles of furniture and bedding before allowing occupants of certain cottages that were unfit for habitation or living under overcrowded conditions to be rehoused on the Housing Estates so as to avoid as far as possible the infestation of Council Houses.

INDEX.

	PAGE		PAGE
Administration	102, 107	Extension of Borough	
Adulteration of Food	71-74	Boundary	14, 15
Margarine	73	Extracts from Vital Statistics	12-14
Milk	71	Factories	100, 105, 117-119
Other Foods	71	Factory & Workshops Acts	117-119
Tables	71-73	Homework	119
Ambulance Facilities	22-23	Scope of Work	117, 118
Amusement Houses	101, 115, 116	Farms	60, 61
Animal Premises	101, 107, 110	Food—Adulteration of	71-74
Antenatal Clinic	32	Margarine	74
Artificial Cream Act	73, 74	Milk	71
Artificial Immunisation	82, 83	Other Foods	71
		Sampling	101
Bakehouses	70, 100, 105	Food Premises	67-71, 106
Births Notified	33	Bakehouses	70
Birth Rate	16	Dairies	67
Borough Boundary—Ex-		General Inspection	67
tension of	14, 15	Ice Cream	70, 71
Building—Progress since		Markets	69, 70
the War	59	Shops, Stalls & Vehicles	69
Butchers' Shops	100, 105	Slaughterhouses	68, 69
		General Provision of Health	
Cancer	83, 84	Services in the Area	22-37
Caravans	101	Health Visiting	33
Causes of Death—Statistics	17-20	Health Visitors' Work	33, 34
Children Act, 1908	36	Homework	119
Children & Young Persons		Hospitals	23
Act, 1932	36	Hotels	101, 106, 115
Children — Institutional		House Drainage	42-44, 103, 104
Provisions	23	Houses Let in Lodgings	
Clinics and Treatment		101, 106, 107, 113, 114	
Centres	23	House Refuse	109
Closet Accommodation	42-44, 103, 104	Housing	46-59, 99
Committees	8	Administration	102, 107
Common Lodging Houses	101, 106, 114	Housing Act, 1930	52-56
Complicated Midwifery Cases	26	Houses Overcrowded	57, 58
Cowsheds	100, 105	Observations	47, 48, 107, 108
		Statistical Table	46, 47
Dairies	60, 61, 67, 100, 105	Housing Conditions	48, 49, 50, 51, 52
Death Rate	16	Housing Estates	58, 59
Dental Officer's Report	35, 36	Ice Cream	70, 71
Dental Treatment	34-36	Infant Life Protection	36
Detailed Nature of Work		Infant Mortality	21, 23
carried out by Sanitary		Infant Welfare Centres	28-32
Inspectors	103-107	Infectious & Other Diseases	75-83, 104
Diphtheria	78, 79, 90	Artificial Immunisations	82, 83
Disinfection	104, 120, 121	Diphtheria	78, 79
Disinfection	104, 121	Disinfection	104
Drainage & Sewerage	42	Enteric Fever	79
Drains	99, 100, 104, 111, 112	General Statistics	75, 76
Dwelling Houses	103	Influenza	80
Enteric Fever	79		

	PAGE		PAGE
Measles	78-80	Ophthalmia Neonatorum ...	81
Ophthalmia Neonatorum	81	Outhouses	104
Other Infectious Diseases	82	Overcrowding	57, 58
Pneumonia	79	Pneumonia	79
Puerperal Fever ...	80, 81	Population	15
Puerperal Pyrexia ...	80, 81	Premises & Occupations	
Scarlet Fever	77	Controlled by Byelaws,	
Schick & Dick Tests ...	82, 83	Orders and Regulations	108, 109, 113-116
Smallpox	77	Prevalence of, and Control	
Vaccinations	83	over, Infectious & other	
Whooping Cough ...	80	Diseases	75-94
Influenza	80	Public Cleansing	44
Institutional Provisions for		Public Health Acts ...	102, 107, 108
Mothers and Children ...	23	Public Health (Condensed	
Isolation Hospitals ...	86-94	Milk) Regulations ...	74
Diphtheria	90	Public Health (Dried Milk)	
Local Government Act	94	Regulations	74
Other Diseases	90	Public Health (Preserva-	
Return Cases	91-94	tives in Food) Regula-	
Scarlet Fever	87-90	tions	73
Smallpox	94	Public Houses	101, 106, 115
Typhoid	90	Puerperal Fever	80, 81
Laboratory Facilities ...	22	Puerperal Pyrexia	80, 81
Local Government Act, 1929	94	Rag Flock Acts	117
Margarine	73	Rainfall	41
Markets	69, 70, 100	Rats & Mice Destruction	
Maternal Mortality ...	27, 28	Act	101, 110, 111
Maternity & Infant Wel-		Refuse—Disposal of ...	109, 110
fare Centres	28-32	Rent Restriction Acts ...	58
Premises & Attendances	28, 29	Report of Dental Officer ...	35, 36
Report by Medical Officer		Report of Medical Officer	
of Centres	30-32	of Centres	30-32
Sale of Foods	29, 30	Report of Senior Sanitary	
Ultra Violet Treatment	30-32	Inspector	99-121
Measles	79, 80	Refreshment Houses ...	106, 115
Meat and Other Foods ...	65-67	Restaurant Kitchens ...	106, 115
Merchandise Marks Act ...	74, 101	Return Cases	91-94
Midwifery & Maternity		Rivers & Streams	42, 109
Services	23-28	Sale of Foods	29, 30
Complicated Cases ...	26	Sampling	101
Midwives Acts	23-26	Sanitary Circumstances of	
Milk	60-65, 71	the Area	38-45
Adulteration of	71	Sanitary Inspection of the	
Bacteriological Examina-		Area	44, 99-112
tion	61-64	Administration	102
Farms and Dairies ...	60, 61	Summary	99-101
Registration	60	Scarlet Fever	77, 87-90
Special Designations Order	65	Schick & Dick Tests ...	82, 83
Sources of Supply ...	60	Schools	44, 45
Tuberculosis Examination	64	Sewerage	42
Miscellaneous Visits ...	101	Shops, Stalls & Vehicles ...	69, 100
Mothers & Children—Insti-		Slaughterhouses	68, 69, 100, 105
tutional Provisions ...	23	Slaughter of Animals Act	68, 69
Movable Dwellings ...	101, 114, 115	Smallpox	77, 94
Municipal Housing Estates	58, 59	Smoke Abatement ...	44, 101, 107
Nuisances	101	Stables	110
Nursing Homes Registra-		Staff	9
tion Act	37	Statistics and Social Con-	
Nursing in the Home ...	23	ditions	11-21
Offensive Trades	101, 105, 106, 116	Sunlight Treatment ...	30-32
		Trade Refuse	109, 110

	PAGE		PAGE
Tuberculosis	84-86	Quantity, Quality and	
Typhoid	90	Treatment	38, 39
Ultra Violet Treatment	30-32	Supply of Extended	
Unfit Houses	52-54	Borough	39-41
Vaccinations	83	Water Closets	103, 104
Vital Statistics	11, 12	Whooping Cough	80
Water	38-41	Workplaces	100, 105, 117-119
		Workshops	100, 105, 117-119
		Yards	104