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**Contributors**

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Bedford Union.

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RURAL SANITARY AUTHORITY.

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ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH,

FOR

1893.



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# To the Bedford Rural Sanitary Authority.

GENTLEMEN,

I beg to lay before you my Annual Report for the year 1893, accompanied by the usual Tables. I feel assured that by drawing up my statements in the method which I have adopted during a period of twenty-one years, no topic of interest or of importance will be lost sight of, while certainly the labour will be remarkably lessened to myself. I shall begin as in former years with the statistics of population, births, and deaths.

As regards the population of the District, I consider for various reasons, on which there is not space to enter very fully, that it has continued slightly to decline, and I have estimated it at the middle of 1893 to have been 23260; had it not been for the increase in some of the suburban villages the decline would have been still more considerable. So long as the present depressed state of agriculture continues—and at present there seems little prospect of a change for the better—the clay parishes of the North of this County must cease to have any attraction for the young, the able-bodied, and the intelligent, and I fear that all the attractions of improved dwellings, allotments, and gardens—even supposing them to be forthcoming—would prove insufficient to retain the men upon the land.

**DEATH-RATE.**—The number of persons temporarily inmates of the Public Institutions of Bedford and in the Three Counties' Asylum has averaged about 175 during the past year, we must add this number to the estimate of population which will bring the total to  $23260 + 175 = 23435$ . The following have been the deaths of residents, viz.:

In the entire Rural Sanitary District, as by Registrars' returns .....	345
" Bedford Union Workhouse .....	13
" Bedford Infirmary and Fever Hospital.....	9
" Three Counties' Asylum .....	2
	369
Total Deaths of Residents.....	369

The following is the corrected death-rate, 369 deaths on 23435 persons or 15.74 per 1000, a considerable improvement on the death-rate of 1892, which was 17 per 1000.

**BIRTH-RATE.**—The number of births is 620, this gives a birth-rate of 26.4 per 1000.

**PROPORTION OF BIRTHS TO INFANT DEATHS.**—The births (620) were to the Infant deaths (65) about as 1000 to 105. This is believed to be a rather crucial test, and it is no unusual thing in districts considered as healthy to find the proportion as high as 1000 to 115, 120, or more.

**INFANT MORTALITY.**—The deaths of infants having been 65 they constitute less than 18 per cent. of the entire return. An infant mortality so very low speaks much for the health of the district, probably also there is a rather unusual proportion of adults among the population.

**MORTALITY OF CHILDHOOD.**—The deaths of children under 5 were 89, or about 24 per cent. of the entire return. I have always been in the habit of considering 30 per cent., or anything under that proportion, as highly favourable, but here again it must be borne in mind that possibly an increased proportion of adults may have some effect.

**MORTALITY OF THE AGED.**—The deaths over 65 were 140, including of course the deaths of residents in Public Institutions, that is to say that nearly 38 per cent. of the deaths occurred at these advanced ages.

Such is the general statement of mortality; every death in the Asylum, the Workhouse, and the Infirmary has been brought back and carried into the account, and the result is before you. How often I wonder is this fairly carried out? We will now go on to the statistics of disease as revealed by the Infectious Diseases' Notification Act, and by the death notices and Quarterly returns.

If infectious and epidemic disease has not been more general than in former years, I at all events have received many more certificates, altogether 203 notifications have reached me, viz., of

Scarlatina .....	151	Notifications
Diphtheria .....	10	"
Small-pox .....	2	"
Enteric (or Typhoid) Fever .....	11	"
Erysipelas .....	27	"
Puerperal Fever .....	2	"
	203	
Total.....	203	

I say nothing of "notices" from relatives, because I have received none during the year; this portion of the Act appears to have become a dead letter.

**SMALL-POX.**—Two notifications, two removals to hospital, no death. If I cherished the hope that Small-pox was verging to extinction in Great Britain, it has been rudely dispelled during the past year, both by my own experience and by the returns which have reached me weekly from the Local Government Board. The latter inform me that Small-pox is still very prevalent in some of our larger towns, the number of fresh cases notified every week, though diminished, is still something like 200, and to these may probably be added others from Rural Districts whose returns are not tabulated. My own experience has been so largely refreshed, and the fading memories of former years have been so far revived, that I am not apprehensive lest the grim symptoms and indications of Small-pox will be lost upon me for some years to come. Two cases occurred in the Parish of Milton Ernest, and were removed to the Bedford Small-pox Hospital; the disease was of a modified type in both, and both recovered; the first patient was believed to have contracted the disease at St. Albans.

**SCARLATINA.**—151 notifications, 7 removals to hospital, 5 deaths, one in the Bedford Fever Hospital. The proportion of deaths to notifications will shew at once that the disease, though rather general, has been of a somewhat mild type. It has been most prevalent in the Bedford and Kempston District and also in the Sharnbrook District; the parishes of Wootton, Clapham, and Knotting have been more particularly affected. The number of removals to Isolation Hospital have been undoubtedly small, this has been principally due to the reluctance of parents to avail themselves of the advantages of the Institution, but it must at the same time be admitted that our provision for removal is not yet placed upon a satisfactory basis. What is wanted, more especially for Scarlatina cases, is a house sufficiently isolated to which three or four young children of an affected family can be moved simultaneously, or almost simultaneously; in most of the cases little in the way of treatment would be required, a centre of infection—possibly the first—would be obliterated, and isolation could be effectually carried out at very little cost, but the expenses of the present arrangements, if carried out in this manner, would be enormous, eight weeks being very generally the period of sojourn at the Fever Hospital, which at 30s. per week may run to £12 per case, and it has occasionally done so. Make what provision we may it appears to me that by far the majority of the cases will be detained at home, but nevertheless every removal of the infected members of a family does appreciably diminish the risk of contagion, and I have on many occasions realised the advantage, more especially when the family has happened to be the first, or one of the first, affected in the village or parish.

**DIPHTHERIA.**—Ten notifications, no removals to Hospital, 3 deaths. We have fortunately experienced no outbreak at all comparable in severity with that which occurred at Bolnhurst in 1891 and 1892. Of the cases 6 were notified in the Bedford and Kempston District, and 2 deaths occurred at Wootton in portions of the parish widely separated from each other; there was also a fatal case at Harrowden. None of these cases could be traced to any local sanitary defect, and by far the majority of them were single cases in a family.

**ENTERIC (OR TYPHOID) FEVER.**—Eleven notifications, 4 removals to Hospital, 2 deaths, one at the Fever Hospital. The subject of Enteric Fever is one that always requires to be handled with considerable care, this disease being generally supposed to be more intimately connected with local sanitary defects than any other which comes ordinarily under our observation. Indeed this view would appear to be borne out to some extent by a comparison of the number of cases notified in the Rural District, and those notified in the Borough of Bedford, the latter having a considerably larger population, but the numbers are too small and the Notification Act has not been sufficiently long in operation for any regular statistical statement.

One case occurred in the Bedford and Cardington District (at Elstow), the patient was removed to the Fever Hospital and recovered; three in the Barford District, two of them at Roxton (husband and wife), contagion being the apparent cause of the second case; three in the Harrold District, two of them at Felmersham (brother and sister), in this case the disease was evidently imported; one at Harrold, this was a nurse from London who had been nursing Typhoid patient, she was removed to the Fever Hospital; one at Risely, a boy, who was also removed to Fever Hospital; three in the Sharnbrook District, one of them fatal. These last cases occurred at Thurleigh, two of them were brother and sister, the other patient was a near neighbour.

There was also a fatal case at the Fever Hospital, the patient being a young girl, member of a family at Kempston New Town, in which several cases occurred last year; this case was notified in 1892.

In looking through this record, fortunately not a very serious one when the extent of the District is considered, there are two circumstances which strike me with more or less of force; these are, firstly the evidence of contagion as shown by the extension of the disease from husband to wife, from brother to sister, from patient to nurse, and secondly the grave probability that some contamination of the water supply may be at the root of such cases as have sprung up without apparent intercourse with affected persons.

Other diseases do not call for particular notice. As usual in former years I have visited all parts of the District at some time during the year. On some occasions I have visited for purposes of Inspection, when I have been either met or accompanied by the Sanitary Inspector; on other and perhaps more frequent occasions my visits have been required in consequence of the occurrence of infectious disease, some visits have also been required in connexion with the Factories and Workshops Acts which will probably entail additional duties in the future. The question of improvement of the water supply, a question of no little importance in some of our villages, has constantly occupied my mind, connected as it is with the improvement of dwellings and the acquisition of additional external space, but alas! as I write, my mind resorts to what is going on in one or two of the suburban villages of Bedford, where rows, if not courts, of houses are springing up under conditions very suitable perhaps to a sewered town, and quite capable of being rendered healthy dwellings in a place where scavenging, sewerage, and pure water supply are accessible, but utterly unsuitable to an agricultural village. In a perfectly well ordered village I am in the habit of thinking that three houses in a block, or in a row, are as many as ought to stand together, that is to say of course where there is no system of sewerage, but I know of no law that can prevent the formation of new rows and courts, and undoubtedly, as building ground becomes more valuable, they will continue to spring up, and to bring the village by degrees to that

point where there is no remedy short of a system of sewerage. There exists in many of our villages, especially the larger ones, a great and increasing difficulty in getting rid of fluid refuse—slops. Solid refuse may perhaps be dealt with by scavenging and by other means, but fluid refuse—no: the quantity per house is it appears to me steadily on the increase from year to year, and the evil is aggravated by building houses closely contiguous to one another with very little external space. Under the pressure thus created the road side ditches and the village brooks are invaded more and more persistently, and the result is to be seen in the creation of such a state of matters as exists at Risely, at Harrold, at Kempston, at Wootton, and elsewhere. The attention of the Sanitary Authority has been much engaged by these matters during the past year, and it is hoped that, with the aid of Parochial Committees which have been formed in two or three localities, the difficult problem of dealing with village refuse and sewage may be solved, at all events that the nuisances arising may be rendered less urgent.

#### NUISANCES, &c.

Mr. Turnbull, Inspector of Nuisances, has handed to me the following Nuisance Return for the year ending 31st December, 1893.

#### CLASSIFICATION.

Foul privies and foul accumulations.....	109
Defective privy accommodation .....	14
Defective drains.....	82
Pigsty nuisances.....	7
Houses dilapidated or unfit for habitation .....	5
Houses requiring disinfection .....	36
Other nuisances, arising from—no drains, damp foundations, no water supply, and overcrowding .....	59
<b>Total number of nuisances.....</b>	<b>312</b>
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Nuisances abated without formal notice .....	155
„ abated after formal notice.....	136
„ in process of abatement .....	21
„ abated after proceedings ..	0
	<hr/>
	312
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I have the honour to be, GENTLEMEN,

Your obedient Servant,

CHARLES E. PRIOR, M.D., F.R.C.S.,

*Medical Officer of Health.*

ST. PETER'S, BEDFORD,

February 10, 1894.







**BEDFORD UNION.**

**RURAL SANITARY  
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