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REPORT

of the

Medical Officer of Health

for the year

1950



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To the Chairman and Members of the Bedfordshire County Council.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit my Report for the year 1950. The year may be regarded in the main as one in which consolidation of the services was taking place, but there were important new projects under consideration, including the establishment of a Health Centre at Farley Hill in the Borough of Luton, additional clinic facilities in the Borough of Bedford and the introduction of B.C.G. vaccination.

With regard to administration, there appears to be no need to modify the opinion previously expressed that, with appropriate decentralisation, a population of about 300,000 and an area the size of Bedfordshire form a very convenient unit for the administration of the services provided by Local Health Authorities. Such a unit, moreover, makes possible close co-operation with the Local Executive Council and Hospital Management Committees.

A brief reference must be made to the Statistics. The Infant Mortality Rate is the lowest on record, viz: 25.3. On the other hand, the Still Birth Rate has risen in each of the last two years, and an attempt is being made to ascertain the cause of this rise. In relation to Tuberculosis there appears to be good cause for satisfaction. The mortality rate fell to the lowest on record, viz: 16. The significance of this figure cannot be stated with certainty at present, but there is no doubt at all that to a substantial extent it reflects the energetic action taken by the Regional Hospital Board and the County Council as Local Health Authority to deal with the problem.

With regard to the services themselves, there are one or two observations which may be worth making here. During the year, the *Ambulance Service* settled down to what is likely to be its normal level of work in peace-time. It took some time to educate all concerned in the proper use of the service, but there is good reason to think that the effort was to a great extent successful. The *Mental Health Service*—an important service, which it is hoped to develop further—functioned smoothly throughout the year. It may be noted that there was a substantial increase in the number of cases and the significance of this is being investigated. With regard to *Maternity Services*, there was a decrease in the number of patients seen at Local Health Authority Ante-Natal Clinics and one such Clinic was closed. It is a pity that this should be so, for the Local Health Authority clinics not only provide medical examination but they also give much important

advice to expectant mothers. However, provided the same range of service is given elsewhere no harm will result. *Vaccination* against Smallpox, which declined considerably in 1949, made an appreciable recovery in 1950. *Immunisation against Diphtheria* continued to be successful. For the fourth year in succession there was no death from this cause and, in fact, there was only one case. During the year a start was made with *B.C.G. vaccination*, but some years must elapse before an authoritative statement can be made on the degree of success achieved by such a measure in this country.

Reference has been made above to the close co-operation between the County Council as Local Health Authority, the Hospital Authorities and the Local Executive Council. Such co-operation is essential and must be continuous if the medical services in the County are to be satisfactorily administered. The Health Department was also associated with several outside bodies in enquiries designed to secure information which could be used to promote the public health. Thus assistance was given to the Royal College of Obstetricians and Gynaecologists and the Institute of Child Health in their "Inquiry into the Health and Development of Children," to the Ministry of Health in their "Enquiry into Virus Infection in Pregnancy" and to the Nuffield Provincial Hospitals Trust in their "Job Analysis of Public Health Nursing."

Once again I desire to express my appreciation of the sympathetic consideration accorded by members of the Authority to the proposals it has been my privilege to put before them. I am grateful to the voluntary associations for their unfailing help, and to my professional colleagues throughout the County for their continued support. Lastly, I must express appreciation of the work done so steadily throughout the year by members of the Public Health staff, both professional and lay.

I have the honour to be,

Your obedient servant,

W. C. V. BROTHWOOD,

County Medical Officer of Health.

Shire Hall,
Bedford.

October, 1951.

STAFF

as at 31st December, 1950

County Medical Officer of Health

W. C. V. BROTHWOOD, M.A., M.D., D.P.H.

Deputy County Medical Officer of Health

C. A. HARVEY, M.B., Ch.B., D.P.H.

Divisional Medical Officers

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

R. M. DYKES, M.A., M.D., D.P.H.

C. A. HARVEY, M.B., Ch.B., D.P.H.

M. J. PLEYDELL, M.C., M.D., D.P.H. (Apptd. 1.11.50)

Senior Assistant County Medical Officer for Maternity and Child Welfare

ELIZABETH E. BROWN, M.B., Ch.B., B.Hy., D.P.H.

Assistant County Medical Officers

BRENDA N. AKEROYD, M.R.C.S., L.R.C.P.

DORA S. JAMES, M.B., B.S., D.Obst.R.C.O.G.

IRENE E. SANDFORD, M.C.R.S., L.R.C.P., D.P.H.

CICELY STEER, M.B., B.S., D.C.H.

ANNE F. WILLIAMS, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H.

Chest Physicians (part-time)

J. B. SHAW, M.B., B.Ch., B.A.O., D.P.H.

N. R. WYNN-WILLIAMS, M.B. B.S., M.R.C.S., L.R.C.P.

Senior Dental Surgeon

R. B. T. DINSDALE, L.D.S.

Assistant Dental Surgeons

A. P. ATKINS, L.D.S.

GLADYS M. BASFORD, L.D.S. (PART-TIME)

A. A. GARDNER, B.Dent.Sc.

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

County Sanitary Officer

R. E. N. THOMAS, M.R.S.I., M.S.I.A., M.R.I.P.H.H.

County Nursing Officer

FLORENCE M. TOMBS, S.R.N., S.C.M., H.V.'s CERT.

Superintendent Domiciliary Nursing

LUCY F. VINCENT GOODMAN, S.R.N.

County Analyst

A. LICKORISH, F.I.C.

SECTION I

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

GENERAL INFORMATION

The area of the geographical and administrative County is approximately 302,942 acres (474 square miles). Its greatest length is from North to South and is $36\frac{1}{2}$ miles; its greatest breadth is $22\frac{1}{2}$ miles from East to West. The County contains no County Boroughs but includes the three Non-County Boroughs of Bedford, Dunstable and Luton. There are, in addition, five Urban Districts and four Rural Districts.

At the 1st April, 1950, the rateable value was £1,833,933. The product of a penny rate for 1949-50 was, for general County purposes, £7,312. The estimated figure for 1950-51 is £7,386.

POPULATION

NOTE.—The statistical information contained in the remainder of this Section is based on figures supplied by the Registrar General.

The statistics issued by the Registrar General for 1950 comprise figures relating to resident civilians and members of the armed forces stationed in the area. The population figures thus obtained are referred to as "home populations". For purposes of comparison with previous years, the estimated civilian populations have also been obtained and both sets of figures are given in Table I.

TABLE I—ESTIMATED CIVILIAN AND HOME POPULATIONS OF THE ADMINISTRATIVE COUNTY OF BEDFORDSHIRE AS AT THE 30TH JUNE, 1950

Area				Civilian Population	Home Population
Administrative County				305,633	312,533
Urban Districts				212,723	213,373
Ampthill	...	...	...	2,780	2,780
Bedford M.B.	...	...	...	53,770	53,770
Biggleswade	...	...	...	7,430	7,430
Dunstable M.B.	...	...	...	17,260	17,260
Kempston	...	...	...	8,800	9,228
Leighton Buzzard	...	...	...	8,883	9,105
Luton M.B.	...	...	...	110,210	110,210
Sandy	...	...	...	3,590	3,590
Rural Districts				92,910	99,160
Ampthill	...	...	...	22,560	22,560
Bedford	...	...	...	28,240	31,320
Biggleswade	...	...	...	22,820	25,990
Luton	...	...	...	19,290	19,290

The population of the County, according to the 1931 Census, was 220,525. In 1939, the estimated resident population was 265,540. By the middle of 1941, partly because of war-time conditions, this figure rose to 307,930. It then declined until 1945, when the estimated resident civilian population at the 30th June was 278,500. Since that date, the civilian population has increased each year. It will be seen from Table II that only part of this has been a natural increase (i.e., excess of births over

deaths). An indication of what has been happening can be obtained by comparing the figures in columns 2 and 5 although it must be borne in mind that the annual periods for population and natural increase are not the same. Approximately half of the total increase since 1945 may be attributed to a flow of population into the County. The estimates for Ampthill and Kempston Urban Districts are the same as for the previous year, whilst that for Sandy Urban District shows a decrease of 60.

TABLE II—ESTIMATED INCREASE IN POPULATION COMPARED WITH
NATURAL INCREASE, 1945-50

Year	Estimated Resident Civilian Population (Mid-year)	Increase over previous year	Births registered during calendar year *	Deaths registered during calendar year *	Natural increase in population i.e. (3)-(4)
	(1)	(2)	(3)	(4)	(5)
1945	278,500	...	5,135	3,061	2,074
1946	284,820	6,320	5,416	3,141	2,275
1947	292,810	7,990	6,000	3,208	2,792
1948	298,715	5,905	5,227	2,974	2,253
1949	301,920	3,205	5,031	3,275	1,756
1950	305,633	3,713	4,856	3,209	1,647

* Adjusted for inward and outward transfers

In the Annual Report for 1948, details were given of the estimated sex age distribution of the civilian population of the County at the 31st December, 1947. The Registrar General has not published any later estimates of a similar nature.

EXTRACTS FROM VITAL STATISTICS FOR 1950

	Total	M.	F.		
LIVE BIRTHS:					
Legitimate ...	4,595	2,338	2,257	Crude Birth Rate	
Illegitimate ...	261	132	129	per 1,000 estimated	
				home population	15.5
STILLBIRTHS ...	131	71	60	Rate per 1,000	
				total (live and still)	
				births ...	26.3
DEATHS ...	3,209	1,695	1,514	Crude Death Rate	
				per 1,000 estimated	
				home population	10.3
MATERNAL DEATHS ...	...	...	4	Death Rate per	
				1,000 total (live	
				and still) births ...	0.80
DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE:					
All infants per 1,000 live births ...	...	...	...	...	25.3
Legitimate infants per 1,000 legitimate live births ...	...	...	...	...	23.5
Illegitimate infants per 1,000 illegitimate live births ...	...	...	...	...	57.5

TABLE III—NUMBER OF BIRTHS, INFANT DEATHS AND STILLBIRTHS REGISTERED DURING 1950 (SUBDIVIDED ACCORDING TO LEGITIMACY), TOGETHER WITH THE APPROPRIATE RATES FOR EACH OF THE COUNTY DISTRICTS

DISTRICTS	LIVE BIRTHS					DEATHS OF INFANTS UNDER 1 YEAR OF AGE				STILLBIRTHS			
	Legitimate	Ille- gitimate	Total	Crude Rate per 1,000 Home Pop.	Adjusted Rate	Legitimate	Ille- gitimate	Total	Rate per 1,000 live births	Legitimate	Ille- gitimate	Total	Rate per 1,000 total births (live and still)
URBAN:													
Amphill	38	3	41	14.7	16.6	1	—	1	24.4	2	—	2	46.5
Bedford	774	60	834	15.5	15.5	20	7	27	32.4	24	1	25	29.1
Biggleswade	121	10	131	17.6	18.3	2	—	2	15.3	2	—	2	15.0
Dunstable	272	12	284	16.5	15.7	3	—	3	10.5	4	—	4	13.9
Kempston	112	4	116	12.6	12.1	1	1	2	17.2	2	1	3	25.2
L. Buzzard	147	8	155	17.0	16.5	4	1	5	32.3	4	—	4	25.2
Luton ...	1,616	90	1,706	15.5	14.7	36	2	38	22.3	46	4	50	28.5
Sandy ...	61	2	63	17.5	18.4	2	—	2	31.7	1	1	2	30.8
TOTALS	3,141	189	3,330	15.6	15.1	69	11	80	24.0	85	7	92	26.9
RURAL:													
Amphill	382	19	401	17.8	18.9	5	—	5	12.5	12	—	12	29.1
Bedford	395	15	410	13.1	14.1	11	2	13	31.7	7	1	8	19.1
Biggleswade	372	19	391	15.0	15.0	6	2	8	20.5	8	1	9	22.5
Luton ...	305	19	324	16.8	16.6	17	—	17	52.5	10	—	10	29.9
TOTALS	1,454	72	1,526	15.4	16.8	39	4	43	28.2	37	2	39	24.9
GRAND TOTALS	4,595	261	4,856	15.5	15.3	108	15	123	25.3	122	9	131	26.3

TABLE IV—BIRTH, INFANT MORTALITY AND STILLBIRTH RATES FOR URBAN AND RURAL AREAS OF COUNTY,
WHOLE COUNTY AND ENGLAND AND WALES, 1944-50

YEAR	CRUDE BIRTH RATES PER 1,000 CIVILIAN POPULATION				INFANT MORTALITY RATES				STILLBIRTH RATES			
	Urban Districts	Rural Districts	Whole County	England and Wales†	Urban Districts	Rural Districts	Whole County	England and Wales§	Urban Districts	Rural Districts	Whole County	England and Wales†
1944	21.8	18.9	20.9	19.9	34.3	37.8	35.2	46	27.9	30.6	28.7	27.7
1945	18.9	17.2	18.4	17.8	33.4	35.8	34.1	46	27.0	25.3	26.5	27.6
1946	19.3	18.3	19.0	20.2	35.2	32.7	34.5	43	31.6	24.3	29.6	27.2
1947	20.9	19.9	20.6	21.1	32.1	27.0	30.7	41	21.2	23.5	21.8	24.1
1948	17.6	17.4	17.5	18.1	29.2	31.4	29.8	34	20.3	18.2	19.7	23.2
1949	16.3	17.3	16.7	16.9	27.2	25.4	26.6	32	23.5	24.2	23.7	22.7
1950	15.7	16.4	15.9	*	24.0	28.2	25.3	30	26.9	24.9	26.3	22.6

*Figure not available.

†Rate refers to stillbirths occurring during calendar year.

‡Rate refers to births occurring during calendar year.

§Rate per 1,000 related births.

BIRTHS

4,856 births attributable to Bedfordshire residents were registered during 1950. The distribution of these births amongst the County Districts is shown in Table III.

The number of births in any area is largely governed by the number of married women of child-bearing age. It follows, therefore, that crude birth-rates, which are calculated as the number of births per 1,000 of the population, are not comparable unless the sex and age structure of the populations concerned is the same. To overcome this difficulty, the Registrar General has calculated a birth comparability factor for each district. When the crude rate is multiplied by this factor, an *adjusted birth-rate* is obtained which is comparable with the adjusted birth-rate of any other area in the same year. The crude and adjusted birth-rates based on the *home* populations for each of the county districts are shown in Table III.

Table IV shows the crude birth-rates for the Urban and Rural Areas of the County, for the County as a whole, and for England and Wales during the past seven years. These rates are based on *civilian* populations. It will be seen that the birth-rates have steadily declined during the past three years and the rate of 15.9 for the County in 1950 was only 0.5 above that for 1939. It should be noted that the rates for England and Wales are calculated as the births occurring during the year per 1,000 of the civilian population. As, however, most births are now registered soon after they occur, there is unlikely to be any appreciable difference between the number of births occurring and the number registered in a year.

ILLEGITIMACY

The illegitimate live births numbered 261 (132 males and 129 females) during 1950, compared with 244 for the previous year, and constituted 5.7 per cent of the total live births. In England and Wales, 4.9 per cent of the live births in 1950 were illegitimate.

STILLBIRTHS

The term stillbirth refers to any child born after the 28th week of pregnancy which did not, at any time after being completely expelled from its mother, breathe or show any other signs of life. It will be seen in Table III that there were 131 stillbirths attributable to Bedfordshire residents during 1950, giving a stillbirth rate of 26.3 per thousand total births (live and still). Table IV shows the stillbirth rates for the Urban and Rural Areas of the County, for the County as a whole, and for England and Wales during the past six years. It will be observed that the rate for the County, which went up in 1949 after dropping to 19.7 in 1948, again increased in 1950.

DEATHS

For the first time since 1938, the figures relating to deaths are not confined to civilians. This means that, in addition to deaths of civilians whose usual residence was in the County, deaths of service personnel stationed in the area are included in the 3,209 deaths registered in 1950. The crude death-rate per 1,000 home population was 10.3. No comparable figure can be given for the previous year.

Table V shows the age distribution of the deaths registered in the years 1945 to 1950 and Table VI shows the percentage of total deaths occurring at 65 years and over in the urban and rural areas during the past six years. The inclusion of service deaths in 1950 may have resulted in a slightly larger number of deaths in the age-group 15-44 years than would otherwise have been the case, but the overall effect will have been insignificant.

TABLE V—DEATHS AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY, 1945-50

Year	Deaths in age groups						Total
	0—	1—	5—	15—	45—	65—	
1945	175	39	39	263	693	1,852	3,061
1946	187	29	27	267	666	1,965	3,141
1947	184	37	39	269	618	2,061	3,208
1948	156	22	28	239	675	1,854	2,974
1949	134	39	23	245	726	2,108	3,275
1950	123	24	26	196	711	2,129	3,209

TABLE VI—PERCENTAGE OF TOTAL DEATHS OCCURRING AT AGE 65 AND OVER IN URBAN AND RURAL AREAS, 1945-50

Year	Urban Districts			Rural Districts		
	Deaths at		Percentage occurring at 65 +	Deaths at		Percentage occurring at 65 +
	All ages	65 +		All ages	65 +	
1945	2,095	1,220	58.2	966	632	65.4
1946	2,157	1,303	60.4	984	662	67.3
1947	2,178	1,362	62.5	1,030	699	67.9
1948	2,007	1,216	60.6	967	638	66.0
1949	2,242	1,379	61.5	1,033	729	70.6
1950	2,196	1,432	65.2	1,013	697	68.8

DEATH RATES

In the Annual Report for 1949, it was pointed out that comparison of crude death-rates of different districts is not valid unless the population structure of each is exactly the same. To enable local death-rates to be compared, the Registrar General has supplied an Area Comparability Factor for each district. When the crude death-rate is multiplied by this factor, an adjusted death-rate is obtained which is comparable with the adjusted death-rate of any other area or with the crude death-rate of England and Wales *in the same year*. The crude death-rates, area comparability factors and adjusted death-rates of the sanitary districts and of England and Wales for 1950 are shown in Table VII.

TABLE VII—CRUDE DEATH-RATES, AREA COMPARABILITY FACTORS, AND ADJUSTED DEATH-RATES OF THE SANITARY DISTRICTS AND ENGLAND AND WALES, 1950

	Crude Death-rate per 1,000 Home Population	Area Comparability Factor	Adjusted Death-rate
Urban Districts	10.3	1.03	10.6
Ampthill	12.9	0.71	9.2
Bedford	11.5	0.95	10.9
Biggleswade	10.4	0.90	9.4
Dunstable	9.3	1.07	10.0
Kempston	9.1	1.06	9.6
Leighton Buzzard	12.4	0.92	11.4
Luton	9.6	1.13	10.8
Sandy	14.5	0.85	12.3
Rural Districts	10.2	0.96	9.8
Ampthill	9.8	0.91	8.9
Bedford	10.5	0.96	10.1
Biggleswade	10.0	1.02	10.2
Luton	11.0	0.99	10.9
Admin. County	10.3	1.02	10.5
England and Wales	11.6	1.00	11.6

CAUSES OF DEATH

A new classification of causes of death came into operation in 1950 as a result of which the Registrar General has issued a revised Short List of 36 groups. This means that the causes of death given in Tables VIII and IX are different in some respects from the causes given in the corresponding tables of previous Reports. Thus typhoid and paratyphoid fevers, scarlet fever and acute infectious encephalitis are incorporated in a new group "Other infective and parasitic diseases", which also contains diseases previously included in "All other causes". The term "Cancer" is replaced by Malignant Neoplasm and the sub-divisions are altered. Probably the most important change in classification relates to Leukaemia and Aleukaemia. These were formerly classified in the group "Diseases of the

TABLE VIII—CAUSES OF DEATH IN THE SANITARY DISTRICTS OF BEDFORDSHIRE, 1950

CAUSE OF DEATH	Administrative County	URBAN DISTRICTS									RURAL DISTRICTS				
		Amphill	Bedford	Biggleswade	Dunstable	Kempston	Leighton Buzzard	Luton	Sandy	TOTAL	Amphill	Bedford	Biggleswade	Luton	TOTAL
1. Tuberculosis, Respiratory ...	48	—	9	1	2	1	1	20	—	34	3	3	3	5	14
2. Tuberculosis, Other ...	8	—	—	—	1	1	—	4	—	6	1	—	1	—	2
3. Syphilitic Disease ...	12	—	2	—	1	1	—	6	—	10	—	1	1	—	2
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ...	3	—	1	—	1	—	—	1	—	3	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases ...	9	—	1	1	1	—	1	3	—	7	—	—	1	1	2
10. Malignant Neoplasm—															
Stomach ...	70	—	19	4	2	—	2	15	1	43	4	13	8	2	27
11. Lung, Bronchus ...	85	1	18	1	6	3	4	29	2	64	4	10	4	3	21
12. Breast ...	52	—	10	2	2	4	—	14	1	33	5	9	3	2	19
13. Uterus ...	36	—	12	—	2	1	1	11	—	27	3	1	2	3	9
14. Other Malignant and Lymphatic Neoplasms ...	289	5	53	9	16	5	13	103	2	206	25	21	21	16	83
15. Leukaemia, Aleukemia ...	16	—	5	—	—	1	2	4	—	12	2	1	—	1	4
16. Diabetes ...	20	—	2	1	2	—	1	8	—	14	1	1	3	1	6
17. Vascular Lesions of Nervous System ...	428	5	79	10	17	13	14	143	11	292	25	49	34	28	136
18. Coronary Disease, Angina ...	329	5	74	8	16	8	14	116	3	244	22	25	26	12	85
19. Hypertension with Heart Disease ...	70	—	17	—	1	4	3	26	—	51	6	10	2	1	19
20. Other Heart Disease ...	606	5	112	8	31	10	13	203	15	397	45	72	50	42	209
21. Other Circulatory Disease ...	116	1	29	4	—	3	2	30	3	72	10	15	11	8	44
22. Influenza ...	23	—	3	—	5	—	—	7	—	15	1	3	2	2	8
23. Pneumonia ...	114	4	19	4	3	5	6	34	2	77	6	16	8	7	37
24. Bronchitis ...	143	1	26	3	14	2	2	49	2	99	10	10	8	16	44
25. Other Diseases of Respiratory System ...	16	—	4	1	2	—	—	6	—	13	1	1	—	1	3
26. Ulcer of Stomach and Duodenum ...	34	—	4	—	—	2	2	15	—	23	3	3	2	3	11
27. Gastritis, Enteritis and Diarrhoea ...	21	1	9	—	—	—	—	5	—	15	—	2	1	3	6
28. Nephritis and Nephrosis ...	37	1	12	2	1	—	3	10	—	29	2	2	2	2	8
29. Hyperplasia of Prostate ...	32	—	8	1	—	—	1	12	1	23	3	2	3	1	9
30. Pregnancy, Childbirth, Abortion ...	4	—	—	—	—	—	—	1	—	1	1	—	—	—	3
31. Congenital Malformations ...	32	—	7	—	1	1	1	11	1	22	1	1	2	6	10
32. Other Defined and Ill-defined Diseases ...	407	7	56	15	23	10	19	132	6	268	24	42	34	39	139
33. Motor Vehicle Accidents ...	46	—	7	1	5	1	2	14	2	32	5	1	5	3	14
34. All Other Accidents ...	61	—	10	1	4	5	4	12	—	36	7	8	8	2	25
35. Suicide ...	40	—	8	—	1	3	2	12	—	26	1	6	5	2	14
36. Homicide and Operations of War ...	2	—	2	—	—	—	—	—	—	2	—	—	—	—	—
TOTALS: ALL CAUSES ...	3,209	36	618	77	160	84	113	1,056	52	2,196	221	328	252	212	1,013

TABLE IX—CAUSES OF DEATH IN URBAN AND RURAL AREAS OF BEDFORDSHIRE, 1950, DIVIDED ACCORDING TO SEX AND AGE

CAUSE OF DEATH		URBAN DISTRICTS																	RURAL DISTRICTS																	
		MALES								FEMALES									MALES								FEMALES									
		0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total
1. Tuberculosis, Respiratory ...	—	—	—	1	4	7	7	1	20	—	—	—	1	6	5	2	—	14	—	—	—	1	4	3	—	1	9	—	—	—	1	2	—	—	—	5
2. Tuberculosis, Other ...	—	—	—	2	1	1	—	—	4	—	—	—	1	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
3. Syphilitic Disease ...	—	—	—	—	1	4	2	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. Acute Poliomyelitis ...	—	1	1	—	1	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Other Infective and Parasitic Diseases ...	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2	1	—	7	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	1	
Malignant Neoplasm—	—	—	—	—	1	11	10	3	25	—	—	—	—	2	2	8	6	18	—	—	—	—	2	2	6	5	15	—	—	—	—	1	2	9	12	
10. Stomach ...	—	—	—	—	2	39	8	4	53	—	—	—	—	—	3	7	1	11	—	—	—	—	12	6	—	—	18	—	—	—	—	1	1	1	3	
11. Lung, Bronchus ...	—	—	—	—	—	—	1	—	1	—	—	—	—	1	18	8	5	32	—	—	—	—	—	—	—	—	—	—	—	—	2	5	7	4	18	
12. Breast ...	—	—	—	—	—	—	—	—	—	—	—	—	—	3	14	3	7	27	—	—	—	—	—	—	—	—	—	—	—	—	—	2	4	1	9	
13. Uterus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14. Other Malignant and Lymphatic Neoplasms ...	—	1	—	—	3	33	40	32	109	1	—	—	1	5	38	28	24	97	—	—	—	—	2	14	15	24	55	—	1	—	—	12	7	8	28	
15. Leukaemia, Aleukaemia ...	1	1	—	1	3	2	2	—	8	—	—	—	—	—	2	1	3	6	—	1	—	—	—	1	1	1	4	—	—	—	—	1	—	—	—	
16. Diabetes ...	—	—	—	—	—	2	2	—	4	—	—	—	—	—	1	2	3	6	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	
17. Vascular Lesions of Nervous System	—	—	—	—	4	27	41	58	130	—	—	—	—	1	26	52	83	162	—	—	—	—	1	7	25	27	60	—	—	—	—	—	—	—	—	
18. Coronary Disease, Angina ...	—	—	—	—	5	53	54	46	158	—	—	—	—	3	13	33	37	86	—	—	—	—	—	24	15	12	51	—	—	—	—	—	—	—	—	
19. Hypertension with Heart Disease	—	—	—	—	—	5	9	6	20	—	—	—	—	1	3	10	17	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
20. Other Heart Disease ...	—	—	1	—	7	31	53	83	175	1	—	—	—	8	21	44	148	222	—	—	—	—	—	1	6	8	14	29	—	—	—	—	—	—	—	
21. Other Circulatory Disease ...	—	—	—	—	3	5	9	15	32	—	—	—	—	5	10	25	40	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	
22. Influenza ...	—	—	—	—	3	2	3	1	9	—	—	—	—	1	1	1	3	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
23. Pneumonia ...	9	1	—	1	1	8	14	8	42	3	1	1	—	—	3	8	19	35	1	—	—	1	—	3	3	12	20	1	1	—	1	2	10	17	4	
24. Bronchitis ...	—	1	1	—	2	21	23	17	65	—	—	—	—	—	5	7	22	34	—	—	—	—	—	8	10	12	30	1	—	—	—	—	5	8	14	
25. Other Diseases of Respiratory System ...	1	—	—	—	—	5	3	2	11	—	—	—	—	1	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—		
26. Ulcer of Stomach and Duodenum	—	—	—	—	—	9	5	4	18	—	—	—	—	—	2	3	5	—	—	—	—	—	—	4	1	2	7	—	—	—	—	—	—	—	—	
27. Gastritis, Enteritis and Diarrhoea	3	—	1	—	3	—	1	—	8	—	2	—	—	—	1	1	3	7	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	
28. Nephritis and Nephrosis ...	—	—	—	1	4	5	2	5	17	—	—	—	—	2	1	4	2	12	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	1	4	
29. Hyperplasia of Prostate ...	—	—	—	—	2	7	14	—	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30. Pregnancy, Childbirth, Abortion ...	6	—	—	—	4	1	—	—	11	6	1	1	—	1	2	—	—	11	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
31. Congenital Malformations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
32. Other Defined and Ill-defined Diseases ...	25	3	1	—	10	19	22	43	123	19	4	1	—	6	14	18	83	145	15	—	1	—	1	6	4	40	67	13	—	1	1	4	14	6	33	
33. Motor Vehicle Accidents ...	—	—	3	—	3	9	7	1	23	—	1	2	1	1	3	—	—	9	—	1	—	3	4	3	—	—	11	—	1	—	—	—	—	—	—	
34. All Other Accidents ...	1	—	—	—	2	5	3	1	16	2	—	—	—	—	4	2	11	20	1	1	3	—	3	3	2	2	15	—	—	—	—	—	—	—	—	
35. Suicide ...	—	—	—	—	2	4	11	1	18	—	—	—	—	—	6	1	1	8	—	—	—	—	—	2	8	2	—	—	—	—	—	—	—	—	—	
36. Homicide and Operations of War	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS: ALL CAUSES ...	48	8	8	13	80	312	321	350	1,140	32	9	6	6	43	199	254	507	1,056	23	3	6	8	23	126	127	239	555	20	4	6	6	17	74	119	212	458

blood and blood-forming organs" and were included in "All other causes" in the Short List. They constitute a separate group in the new Short List and are linked with cancer, being classified as neoplasms of the lymphatic and blood-forming tissues. Heart disease has been divided into three groups. Diarrhoea (under 2 years of age) and certain of the conditions previously grouped under "Other digestive diseases" form a new group, "Gastritis, enteritis and diarrhoea". Appendicitis and the remainder of the digestive diseases are now included in "Other defined diseases". Hyperplasia of the prostate receives separate mention, while all causes relating to maternal deaths are included in the one group "Pregnancy, childbirth, abortion". Prematurity, Birth Injuries and Infantile Diseases are now included in "Other defined diseases". Congenital Malformations remain as a group on their own.

The causes of death in the Sanitary Districts and the County as a whole are shown in Table VIII. Table IX shows the age and sex distribution of the deaths from the various causes in the Urban and Rural areas of the County. In order to bring out the relative importance of the principal diseases from a mortality point of view, Table X has been prepared, showing the actual number of deaths from these diseases in 1950, and the percentages of the total number of deaths attributable to them. The corresponding percentages for 1948 and 1949 are also shown.

TABLE X—NUMBER OF DEATHS FROM PRINCIPAL FATAL DISEASES IN 1950, TOGETHER WITH PERCENTAGES OF THE TOTAL NUMBER OF DEATHS ATTRIBUTABLE TO THOSE DISEASES IN 1948-50.

	No. of deaths in 1950	Percentage of total deaths in 1950	Corresponding percentage in	
			1949	1948
Heart disease	1,005	31·3	29·4	28·0
Cancer	532	16·6	15·5	17·8
Cerebral haemorrhage, etc. ...	428	13·3	11·1	11·4
Bronchitis	143	4·5	5·4	4·1
Other circulatory diseases ...	116	3·6	3·6	4·1
Pneumonia	114	3·6	3·8	3·6
Pulmonary tuberculosis ...	48	1·5	3·0	3·4

It will be seen that the order remains practically unchanged. Heart disease again heads the list and the percentage of deaths attributable to it shows a gradual increase.

HEART DISEASE

The number of deaths from heart disease continues to increase and Table XI shows the sex and age distribution of such deaths for the years 1940 to 1950. It will be observed that the majority of the deaths occur in persons aged 65 years and over. Reference to Table IX shows that coronary disease and angina were more prevalent amongst males, particularly in the Urban Districts.

TABLE XI—DEATHS OF BEDFORDSHIRE RESIDENTS FROM HEART DISEASE IN YEARS 1940-50
SUB-DIVIDED ACCORDING TO AGE AND SEX

	MALES						FEMALES						PERSONS					
	0—	5—	15—	45—	65—	Total	0—	5—	15—	45—	65—	Total	0—	5—	15—	45—	65—	Total
1940	—	1	22	97	230	350	—	1	7	79	318	405	—	2	29	176	548	755
1941	—	1	7	85	221	314	—	2	11	62	283	358	—	3	18	147	504	672
1942	—	2	11	92	225	330	—	1	19	76	258	354	—	3	30	168	483	684
1943	—	—	16	88	229	333	—	2	15	60	295	372	—	2	31	148	524	705
1944	1	1	15	85	242	344	—	—	15	70	279	364	1	1	30	155	521	708
1945	—	2	13	87	289	391	—	—	9	57	316	382	—	2	22	144	605	773
1946	—	—	10	92	306	408	—	—	14	51	336	401	—	—	24	143	642	809
1947	—	1	16	82	326	425	—	2	14	57	378	451	—	3	30	149	704	876
1948	—	1	11	91	274	377	—	2	12	55	386	455	—	3	23	146	660	832
1949	—	—	14	101	345	460	—	—	11	70	423	504	—	—	25	171	768	964
1950	—	1	13	127	379	520	1	—	16	55	413	485	1	1	29	182	792	1,005

TUBERCULOSIS

The number of deaths from respiratory tuberculosis dropped to the low figure of 48 in 1950, giving a crude death-rate of 16 per 100,000, which is the lowest ever recorded in the County. Thus the downward trend of the past twenty years continues, as shown in Table XII.

TABLE XII—NUMBER OF DEATHS FROM PULMONARY TUBERCULOSIS IN URBAN, RURAL AND COUNTY AREAS FOR YEARS 1930-50, TOGETHER WITH CRUDE DEATH-RATES PER 100,000 CIVILIAN POPULATION

Year	URBAN DISTRICTS		RURAL DISTRICTS		COUNTY	
	No. of Deaths	Rate per 100,000 pop.	No. of Deaths	Rate per 100,000 pop.	No. of Deaths	Rate per 100,000 pop.
1930	99	69	57	75	156	72
1931	114	80	50	65	164	75
1932	99	69	37	46	136	61
1933	101	68	31	40	132	58
1934	88	57	31	41	119	52
1935	106	67	34	45	140	60
1936	112	67	33	41	145	59
1937	85	49	31	38	116	46
1938	88	50	26	30	114	44
1939	83	45	33	37	116	43
1940	102	52	24	27	126	44
1941	116	55	33	35	149	48
1942	94	46	21	23	115	39
1943	112	59	28	32	140	49
1944	92	46	33	39	125	44
1945	94	48	34	41	128	46
1946	100	50	26	31	126	44
1947	66	32	21	24	87	30
1948	74	35	28	31	102	34
1949	77	37	20	22	97	32
1950	34	16	14	15	48	16

CANCER

Reference has already been made to the fact that the conditions previously grouped together under the general heading of "Cancer" are now referred to as "malignant neoplasms". There were 532 deaths attributable to malignant neoplasms in 1950 and a further 16 due to leukaemia or aleukaemia. For the purposes of comparison with previous years, the latter group has been omitted from the figures. At the present time, the number of deaths from all forms of cancer is almost equally divided between the sexes. Table XIII shows that the vast majority of cancer deaths occur in the second half of life. As was pointed out in the last Report, it may be anticipated that as the life-expectancy and the mean age of the population rise, the total number of individuals falling victims to the disease will increase in the absence of means of prevention. At the same time, it should be remembered that there is a good hope of cure in certain types if treatment is undertaken early. Medical advice should, therefore, be sought immediately there is any suspicion of the disease.

TABLE XIII—AGE DISTRIBUTION OF DEATHS OF BEDFORDSHIRE RESIDENTS FROM ALL FORMS OF CANCER IN YEARS 1940 TO 1950, TOGETHER WITH PERCENTAGES OF DEATHS IN CERTAIN AGE GROUPS.

	Deaths at Age						Total No. of Deaths	Percentage of deaths occurring at ages	
	0—	1—	5—	15—	45—	65—		Under 45	65 and over
1940	—	2	2	29	153	229	415	8.0	55.2
1941	—	1	—	32	171	264	468	7.1	56.4
1942	—	1	3	28	178	250	460	7.0	54.3
1943	—	1	—	34	200	271	506	6.9	53.6
1944	—	1	3	35	208	283	530	7.4	53.4
1945	—	2	1	35	192	168	498	7.6	53.8
1946	—	—	1	35	152	285	473	7.6	60.2
1947	—	1	3	37	159	265	465	8.8	57.0
1948	—	—	—	41	188	300	529	7.8	56.7
1949	—	2	2	31	189	283	507	6.9	55.8
1950	1	2	—	26	207	296	532	5.5	55.6

MATERNAL MORTALITY

Four maternal deaths occurred during 1950. The maternal mortality rate per 1,000 total (live and still) births was 0.80. This was lower than the rate of 1.16 for 1949 when there were six deaths. The corresponding rate for England and Wales was 0.86.

INFANT MORTALITY

123 infants under one year of age died during 1950. The distribution of these deaths between the County Districts is shown in Table III on page 8. The number of such deaths per 1,000 live births registered during the year constitutes the Infant Mortality Rate. The rates for the individual districts are also shown in the Table. It should be borne in mind, however, that the figures are so small in some cases that the rate calculated may not be truly significant. Table IV on page 9 shows the Infant Mortality Rates for the Urban and Rural Areas, for the County as a whole, and for England and Wales for the past six years. The rate of 25.3 for the County in 1950 is the lowest ever recorded. The causes and sex distribution of the infant deaths registered in 1950 are set out in Table XIV.

TABLE XIV—CAUSES OF INFANT DEATHS IN URBAN AND RURAL AREAS, 1950, SUBDIVIDED ACCORDING TO SEX

CAUSE	URBAN DISTRICTS		RURAL DISTRICTS		COUNTY	
	Male	Female	Male	Female	Male	Female
Malignant Neoplasm	—	1	—	—	—	1
Leukaemia, Aleukæmia ...	1	—	—	—	1	—
Heart Disease ...	—	1	—	—	—	1
Bronchitis ...	—	—	—	1	—	1
Pneumonia ...	9	3	1	1	10	4
Other Respiratory Diseases ...	1	—	—	—	1	—
Gastritis, Enteritis and Diarrhoea ...	3	—	2	2	5	2
Congenital Malformations ...	6	6	4	3	10	9
Accidents ...	1	2	1	—	2	2
Homicide ...	2	—	—	—	2	—
Other Defined Causes	25	19	15	13	40	32
TOTALS ...	48	32	23	20	71	52

SOCIAL CONDITIONS

Bedfordshire, with an area of 302,942 acres had a civilian population of 305,633 in 1950. Just over one-third of this population was resident in the Borough of Luton whilst a further one-sixth was resident in the Borough of Bedford. Thus, rather more than half of the population was to be found in these two boroughs. These two towns have their housing problems, but such problems are not confined to them. Every County District has a list of applicants for houses that shows no sign of diminishing. In fact, it appears that the number of new houses being provided hardly keeps pace with the number of new applicants. There is no simple explanation for this state of affairs, particularly in those areas where there has been no appreciable increase in population. There is, rather, a number of factors at work.

One factor is the increase in the number of families even without any increase in total population. This fact leads to a demand for additional housing, for most families wish to have their own accommodation. In

other words, the demand for houses is related not only to the total population, but also to the number of family units within the population.

A second factor is the condition of much of the existing accommodation. The Rural Housing Survey showed that at the end of 1949 there were 717 houses that were unfit for habitation and beyond repair at reasonable cost. Another 4,596 houses required repair, structural alteration or improvement and some of these will sooner or later reach the stage when they also will be unfit for habitation and beyond repair. Similar conditions are to be found in the towns. The remarks of the Sanitary Inspector to Bedford Rural District Council in his Annual Report for 1949 are pertinent:—

“The decline in the condition of existing houses may, in the future, prove to be an even greater problem than that of providing new houses. There is a very large number of old houses in the District, many of which fall far short of modern standards of fitness and, apart from the material inability of the owners to execute repairs during a period of national crisis, there is the added fact that present costs of repair make reconditioning an unreasonable proposition.”

These premises contain a large number of potential applicants for Council houses and flats. Moreover, tenants of old, ill-equipped houses are anxious to obtain better accommodation. Section 20 of the Housing Act, 1949, empowers a local authority to give assistance in respect of the improvement of dwellings by making a grant in respect of the expenses incurred but the requirements of the Act are stringent, and it may well be that not much use will be made of it.

There is another point which deserves mention. The present shortage of accommodation to rent appears to be increased by a tendency of owners to sell when property becomes vacant. Often, the purchaser invests all his available capital with the result that he is unable to have work done which is necessary to put and keep the property in a good state of repair. It may be that within the next twenty years or so there will be an appreciable number of owner-occupiers of property that has become dilapidated owing to sheer financial inability to maintain it in reasonable repair.

The increased demand for housing accommodation in recent years may be due in part to an improvement in the economic status of certain sections of the population. Certainly there is no unemployment problem in the County. Luton is the main industrial centre, but an appreciable amount of engineering is carried out in Bedford. Many of the people in the surrounding areas find employment in these towns. South of Bedford, the several brickworks provide considerable employment and there are local industries in the other towns in the County. Most of the County is rural in character and there is extensive farming and market gardening, although rather less than 10 per cent of the employed population appear to be engaged in agriculture and forestry. An allowance must be made, however, for the self-employed persons engaged in agriculture concerning whom no information is available.

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

THE LOCAL HEALTH AUTHORITY SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT, 1946

The administrative arrangements adopted in Bedfordshire for carrying out the duties imposed by the 1946 Act were set out in the Report for 1948. Certain modifications of the County Scheme as regards Sections 28 and 29 were made during 1950, and these are dealt with in the succeeding paragraphs.

SECTION 21—HEALTH CENTRE

On the 5th July, 1948, the Local Health Authority took over responsibility for the administration of the Medical Institute, Waller Street, Luton, and formulated a scheme under Section 21 of the Act. An agreement was made with the Local Executive Council that the two general practitioners then using the premises should continue to practise therefrom and the Local Health Authority provided the necessary staff, including pharmacist and dispenser. Steps were then taken to implement the scheme for the development of the Institute as a Health Centre. Various difficulties arose and finally as the circumstances had changed considerably, it was decided at the end of 1950 to ask the Minister of Health to agree to a revocation of the scheme. In June, 1951, the Minister agreed to do so.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

Under the County Council's Scheme the day-to-day management of the services provided under this section is the responsibility of the several Divisional Committees. Particulars of the services and of the work done during the year under review are given in the ensuing paragraphs.

Ante-Natal Work

One ante-natal clinic was discontinued early in the year. As no new clinics were opened, this meant that there were twelve functioning at the end of the year. Six of these are held in premises rented for the purpose. Table XV shows details of the work done during 1950.

TABLE XV—DETAILS OF ANTE-NATAL CLINICS IN THE COUNTY AND ATTENDANCES DURING 1950

Clinic	Day and Time (Fortnightly unless stated otherwise)	Number of Women who attended during the year	Total number of atten- dances	Number of sessions held
BEDFORD— 29, Barford Avenue 3, Brereton Road†	Wednesday 9.30 Thursday 9.30 (Weekly)	83 7	159 20	30 6
BIGGLESWADE— The Masonic Rooms Removed to The Lawns The Baulk, 1.6.50	Tuesday 10.0	74	383	25
DUNSTABLE— Health Centre, Kingsway	Thursday 10.0 (Weekly) Thursday 2.0	355	1,936	77
HOUGHTON REGIS— Baptist Schoolroom	Wednesday 10.0			
KEMPSTON— Methodist Schoolroom, Foster Road	Wednesday 10.0	28	62	25
LEIGHTON BUZZARD— 1, Grovebury Road	Friday 10.0	99	455	25
*LUTON— Dallow Road ...	Tuesday 2.0 Tuesday 3.0 Wednesday 2.0 Friday 2.0 Friday 3.0	556	397 452 223 182 194	24 24 25 24 24
Stopsley ...	Thursday 2.0 Thursday 3.0		449 469	26 26
SHEFFORD— Digswell House ...	Wednesday 10.0	34	121	24
SHILLINGTON— Congregational Schoolroom	Thursday 10.0	10	26	23
STOTFOLD— Unionist Club ...	Monday 10.0	28	159	24
SUNDON— Skefko Sports Pavilion	Wednesday 10.0	62	269	25
TOTALS ...		1,620	6,111	483

† Closed 23.2.50.

* The Luton Clinics are Midwives' Clinics, the midwives seeing their own patients.

The Local Health Authority's scheme whereby general practitioners carry out ante-natal and post-natal examinations in domiciliary cases attended by midwives continued in operation, but the amount of ante-natal work done under the scheme is negligible.

Post-Natal Work

With the exception of a clinic in Dunstable, separate post-natal clinics are not held but mothers are encouraged to attend the ante-natal clinics after their confinements in order that a post-natal examination may be made. In all, 225 women attended during the year. In addition, general practitioners examined 14 mothers under the Local Health Authority's scheme.

Gynaecological Clinics

There are now three clinics in the County where advice on birth control is given to women in whose cases pregnancy or further pregnancy would be detrimental to health. Each clinic is held once a fortnight. In Luton it has been found necessary to hold additional sessions from time to time. The numbers of women who attended the clinics during 1950 are given below:—

Bedford, Barford Avenue	...	...	80
Dunstable, Kingsway	...	...	110
Luton, Beechwood Health Centre	...	...	178
TOTAL	...	...	<u>368</u>

Infant Welfare Centres

Three new centres were opened during the year, making a total of 58 in operation at the 31st December, 1950. Most of the clinics are held in premises rented for the purpose. Details of the attendances at each clinic are given in Table XVI.

TABLE XVI—DETAILS OF WORK DONE AT INFANT WELFARE CENTRES DURING 1950

Centre	No. of Infants who attended the Centre for the first time during the year		No. of Children in attendance at end of year who were then		Total attendances during the year	No. of Consultations with Council's Medical Officer	No. of Sessions held during year
	Under 1 year	Between 1-5 years	Under 1 year	Between 1-5 years			
Ampthill	61	6	50	74	1,700	260	51
Arlesey	41	14	40	35	1,232	335	23
Aspley Guise	32	11	27	31	707	125	24
Barton	34	4	30	64	824	85	26
Bedford—							
Barford Avenue	186	20	162	317	3,778	902	99
Brereton Road	192	13	158	290	4,384	598	103
Goldington	66	9	55	52	1,953	261	50
Queen's Park	50	4	40	80	1,628	185	51
Biggleswade	119	57	99	52	2,567	690	51
Blunham	18	14	11	18	295	90	13
Bromham	18	8	18	47	360	98	22
Caddington	17	2	15	34	615	172	23
Clapham	35	4	27	89	1,441	302	48
Cranfield	43	2	37	79	1,056	395	25
Dunstable	279	23	223	168	8,258	1,344	149
Eaton Bray	24	8	20	8	886	181	25
Eaton Socon	27	7	24	57	671	98	26
Elstow	93	24	66	143	1,835	226	52
Flitwick	56	30	47	71	1,553	319	51
Great Barford	10	2	8	29	348	92	25
Harrold	20	6	17	60	970	331	26
Haynes	10	1	10	29	460	93	26
Heath and Reach	14	1	11	37	516	54	26
Henlow	45	19	34	50	1,441	*	52
Houghton Regis	46	6	33	72	1,774	178	52
Kempston	116	37	107	233	3,782	650	99
Leighton Buzzard	118	7	94	208	2,700	410	60
Luton—							
Beechwood	235	46	193	316	5,047	809	100
Castle Street	272	21	282	387	5,613	751	104
Dallow Road	207	9	183	276	3,525	828	48
Leagrave, High Street	66	7	59	119	1,327	66	49
Leagrave, Marsh Road	107	10	103	139	2,790	522	51
Limbury	175	10	153	300	4,067	732	102
Round Green	255	13	312	400	5,636	1,272	94
St. Anne's (opened 2.10.50)	20	4	20	—	525	135	12
Stopsley	86	16	82	140	1,781	398	51
Marston Moretaine	45	5	36	79	1,066	277	26
Maulden (opened 20.4.50)	26	5	34	20	375	103	19
Ootton	43	6	32	36	844	235	26
Kidgmont	32	4	20	43	825	136	26
Kiseley	35	2	29	66	559	246	13
Kandy	49	6	36	46	907	287	26
Karnbrook	23	3	15	55	693	167	26
Khefford	52	22	44	83	2,361	351	51
Killington	38	3	30	37	956	199	26
Klip End	13	1	12	37	536	173	25
Ktewartby	19	—	13	50	564	163	23
Ktotfold	61	6	55	74	1,424	352	25
Ktreatley	17	9	7	66	693	50	25
Ktudham	25	7	19	67	835	244	39
Kundon	41	6	39	126	1,508	207	39
Kempsford	11	2	9	5	124	64	13
Koddington	50	3	44	84	1,240	206	49
Kurvey	15	8	9	48	365	140	12
Koburn	13	5	7	49	724	146	25
Kootton	33	5	30	38	635	126	26
Kyboston	4	4	4	30	310	66	26
Kymington (opened 15.3.50)	20	27	13	30	205	114	11
TOTALS	3,858	614	3,387	5,673	95,794	18,039	2,466

* Council's Medical Officer did not attend this Clinic during 1950.

Moral Welfare

The St. Albans Diocesan Council for Moral Welfare undertakes voluntary work in the County, particularly in connection with unmarried mothers and their babies. Out-door welfare work is carried out in various parts of the County and grants are made by the Local Health Authority towards this work. The Bedford and County Girls' Home, Bedford, which provides accommodation for sixteen unmarried mothers and their infants was closed on the 31st July, 1950, for re-organisation and re-equipment, and was still closed at the end of the year. The Local Health Authority have made financial arrangements which, subject to certain safeguards, have the effect of guaranteeing any deficit incurred by the Voluntary Committee of Management in connection with Bedfordshire cases. St. Faith's Home, Luton, which also receives financial assistance from the Authority, provides accommodation primarily for young unmarried mothers and their babies. In addition, financial assistance is granted towards the cost of maintenance of Bedfordshire girls admitted to Homes outside the County.

Illegitimate Infants

The arrangements whereby voluntary association workers co-operate with the Health Visitors in the care of illegitimate children were continued. During 1950, 261 illegitimate babies were born to Bedfordshire residents.

Premature Infants

All infants weighing $5\frac{1}{2}$ lbs. or less at birth are regarded as being premature, irrespective of the period of gestation. Table XVII shows the number of premature babies born in the County during the year and the number that died within 28 days of birth.

TABLE XVII—NUMBER OF PREMATURE BABIES BORN IN THE COUNTY DURING 1950, SHOWING WHERE BORN AND NURSED,
AND SUB-DIVIDED ACCORDING TO WEIGHT AND PERIOD OF SURVIVAL

	BORN AT HOME OR IN PRIVATE NURSING HOME						BORN IN HOSPITAL				Grand Total		
	Total	Nursed entirely at Home or in Nursing Home				Transferred to Hospital							
		Under 3lbs.	3-4lbs.	4-5½lbs.	Total	Under 3lbs.	3-4lbs.	4-5½lbs.	Total				
Died in first 24 hours ...	5	—	1	1	2	—	—	3	3	5	3	13	18
Died on 2nd to 7th day	6	—	—	—	—	3	1	2	6	4	9	16	22
Died on 8th to 28th day	2	1	—	—	1	—	—	1	1	—	—	—	2
Survived 28 days ...	72	—	—	64	64	—	3	5	8	3	17	107	179
TOTAL ...	85	1	1	65	67	3	4	11	18	12	29	95	221

Child Life Protection

The administration of the Children Act, 1948, is the responsibility of the Care of Children Committee. The arrangement still continues, however, whereby health visitors pay visits to foster-children and children placed for adoption.

Day Nurseries

Day Nurseries are provided by the County Council in Bedford, Dunstable, Leighton Buzzard and Luton. Details are given in Table XVIII. Nursery students are trained at four of the Nurseries, as indicated in the Table.

TABLE XVIII—ACCOMMODATION AND AVERAGE DAILY ATTENDANCE AT THE DAY NURSERIES IN 1950

Address of Nursery	No. of approved places		No. of Children on the register at the end of the year		Average daily attendance during the year	
	Years 0-2	Years 2-5	Years 0-2	Years 2-5	Years 0-2	Years 2-5
Bedford— 34 St. John's Street	42	26	29	46	18	42
Dunstable— Douglas Crescent†	30	—	19	—	22	—
Leighton Buzzard— Bassett Road† ...	15	35	13	35	10	31
Luton— Alder Crescent†	30	45	27	55	9	44
Manor Road ...	25	40	14	50	11	35
Stopsley† ...	17	18	10	37	7	27

† Training Nursery

DENTAL TREATMENT

(Note by Senior Dental Officer)

The Dental Clinics are fully equipped. An X-ray unit at the Dunstable Clinic serves both this clinic and the one at Leighton Buzzard. Another unit is in operation at Biggleswade. All mothers and children attending the Bedford Clinic who require X-ray examination are referred for that purpose to the Bedford General Hospital. Dentures are processed by a private dental laboratory on behalf of the Local Health Authority. Table XIX sets out details of the work done during the year 1950. There was an increase in the amount of work done as compared with the previous year, and this increase was partly due to an increase in staff and partly to the opening of the Biggleswade Dental Clinic. During the year the system

under which dental surgeons undertook work both for school children and for mothers and young children was continued. An effort was made to focus attention on the prevention of dental disease and an important part was played by the Health Education section of the Public Health Department.

There is still a great shortage of dental surgeons in the Local Authority service and the shortage is becoming greater. It may well be that it will be impossible to recruit an adequate number of dental surgeons and that some other methods will have to be employed in the dental care of those individuals for whom the Local Authority service caters. Methods now under consideration are the employment of oral hygienists and dental nurses. While the work of the former is important, it is of a relatively simple nature. Their duty is to give instruction in oral hygiene and, under supervision, to carry out simple treatment, e.g., scaling. There is no need for any change of existing legislation in order to employ such individuals.

With regard to dental nurses, individuals so designated are already employed in New Zealand. They undertake actual treatment, e.g., simple fillings and extractions. Amending legislation will be required if such individuals are to be employed in this country.

TABLE XIX—DETAILS OF WORK DONE AT DENTAL CLINICS
DURING 1950

(a) Numbers provided with Dental Care

					Examined	Needing Treatment	Treated
BEDFORD—							
Mothers	...	...	...	...	76	73	73
Infants	...	...	...	...	93	90	90
BIGGLESWADE—							
Mothers	...	...	...	...	19	19	19
Infants	...	...	...	...	9	9	9
DUNSTABLE—							
Mothers	...	...	...	...	209	199	199
Infants	...	...	...	...	200	200	200
LEIGHTON BUZZARD—							
Mothers	...	...	...	...	86	80	80
Infants	...	...	...	...	42	42	42
LUTON—							
Mothers	...	...	...	...	—	—	—
Infants	...	...	...	...	52	52	52
TOTALS: Mothers					390	371	371
Infants					396	393	393

(b) Forms of Dental Treatment provided

	Extractions (teeth)	Anaesthetics		Fill- ings	Scalings or scaling and gum treat- ment	Silver nitrate treat- ment	Dress- ings	Radio- graphs	Dentures provided	
		Local	Gen.						Com- plete	Partial
BEDFORD—										
Mothers	44	—	20	5	3	—	—	—	10	7
Infants	236	—	90	—	—	—	—	—	—	—
BIGGLESWADE—										
Mothers	7	5	—	38	19	2	9	2	—	—
Infants	14	—	9	1	—	—	—	—	—	—
DUNSTABLE—										
Mothers	55	6	20	100	16	—	46	13	21	—
Infants	118	2	50	117	2	—	29	—	—	—
LEIGHTON BUZZARD—										
Mothers	41	5	14	32	14	—	17	—	13	—
Infants	38	—	16	22	—	—	9	—	—	—
LUTON—										
Mothers	—	—	—	—	—	—	—	—	—	—
Infants	73	—	52	—	—	—	—	—	—	—
TOTALS: Mothers ...	147	16	54	175	52	2	72	15	51	—
Infants	479	2	217	140	2	—	38	—	—	—

SECTION 23—MIDWIVES SERVICE

At the 31st December, 1950, 16 midwives and 39 nurse-midwives were employed by the County Council. All are qualified to administer gas and air analgesia and fifty-two sets of apparatus were in use at the end of the year. Of the 882 women they attended whilst acting as midwives, 612 received gas and air. In the cases they attended as maternity nurses, 487 women out of a total of 931 received gas and air. In July, 1950, authorisation was given by the Central Midwives Board for midwives to administer Pethidine as an alternative to gas and air analgesia. In those cases attended by midwives alone, 118 women had received this form of relief by the end of the year. Table XX gives details of the maternity work carried out in the County during 1950.

TABLE XX—NUMBER OF MATERNITY CASES IN THE COUNTY ATTENDED BY MIDWIVES AS MIDWIVES OR MATERNITY NURSES DURING 1950, SUB-DIVIDED INTO DOMICILIARY AND INSTITUTIONAL CASES

	Domiciliary Cases		Cases in Institutions		Total	
	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses
Midwives employed by County Council	882	931	—	—	882	931
Midwives employed by Voluntary Organisations	—	—	9	7	9	7
Midwives employed by Hospital Management Committees ...	—	—	2,020	302	2,020	302
Midwives in Private Practice ...	—	21	75	453	75	474
TOTALS ...	882	952	2,104	762	2,986	1,714

During the year, notification of intention to practise was received from 145 midwives. In addition, notifications were received from midwives in respect of the following:—

Medical aid summoned	...	...	248
Death of mother	...	...	1
Death of infant	...	...	15
Still births	...	...	41
Laying-out the dead	...	...	14
Liability to be source of infection	...	...	23
Artificial feeding	...	...	251

SECTION 24—HEALTH VISITING

28 Health Visitors were employed by the County Council at the 31st December, 1950. In addition to attendance at clinics, their work covers the visiting of persons in their own homes for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection. The combined Health Visitor/School Nurse system is in operation in most of the County.

Particulars of the visits paid by the Council's Health Visitors during the year are given below:—

			<i>First visits*</i>	<i>Total visits</i>
Expectant mothers	...	...	508	1,031
Children under 1 year	...	...	4,690	28,720
Children between 1 and 5	...	...	254	38,292
Other cases	...	...	...	5,424

* These figures relate to expectant mothers and children who have *never* previously been visited by a health visitor.

SECTION 25—HOME NURSING

The County Council make direct provision of a Home Nursing service. In addition to the 39 nurse-midwives already mentioned, 21 full-time and 2 part-time home nurses were employed at the 31st December, 1950.

The number of patients attended by the Nurses during the year is shown below, together with the number of visits paid:—

<i>Type of Case</i>		<i>No. of Cases</i>	<i>No. of Visits</i>
Acute Medical	... ..	2,596	28,957
Chronic Medical	... ..	1,641	58,963
Surgical	... ..	1,401	25,846
Infectious Disease*	...	25	727
Miscellaneous (including observations)	... ..	1,717	5,526
TOTALS	...	7,380	120,019

* Excluding tuberculosis

SECTION 26—VACCINATION AND IMMUNISATION

(a) Vaccination

Parents are encouraged to have their children vaccinated, either by the family doctor or, if more convenient, at the Child Welfare Centre. Supplies of lymph are available on application to the Public Health Laboratory, Department of Pathology, Tennis Court Road, Cambridge. Table XXI shows the number of persons vaccinated for the first time during 1950 in each of the Divisions. These figures include cases vaccinated by general practitioners and show a considerable increase on the total of 961 for 1949. There were 674 people re-vaccinated during the year.

TABLE XXI—NUMBER OF PERSONS VACCINATED IN EACH DIVISION FOR THE FIRST TIME DURING 1950, SUB-DIVIDED ACCORDING TO AGE

Age at date of vaccination	DIVISION				Totals
	Northern	Southern	Eastern	Luton	
Under 1 year ...	375	40	92	269	776
1-4 years ...	76	88	13	61	238
5-14 years ...	38	21	12	66	137
Over 14 years ...	89	19	23	138	269
TOTALS ...	578	168	140	534	1,420

(b) Immunisation

The arrangements for immunisation against diphtheria, which have proved so successful in the past, were continued. As in the case of vaccination, all medical practitioners have been given an opportunity of taking part in this service. Parents wishing to have children under school age immunised may also make application to one of the County's Infant Welfare Clinics. Immunisation of school children is arranged through the schools.

Table XXII shows the number of children in the County who are known to have been immunised at any time before the 31st December, 1950. The figures are an understatement of the true position as the table takes no account of children who may have been immunised by family doctors before the 5th July, 1948, and concerning whom no statistics are available.

It will be seen from Table XXIII that 68.0 per cent of all children under 15 years of age in the County are known to have been immunised. The corresponding figure at the end of 1949 was 67.7 per cent. This is gratifying in view of the fact that immunisation was suspended for a period by reason of the presence of poliomyelitis.

TABLE XXII—NUMBER OF CHILDREN IN THE FOUR DIVISIONS KNOWN TO HAVE COMPLETED A FULL COURSE OF IMMUNISATION BY 31ST DECEMBER, 1950, SUB-DIVIDED ACCORDING TO THE AGE AT THAT DATE

Age at 31.12.50	DIVISION				Totals
	Northern	Southern	Eastern	Luton	
Under 1 year ...	67	27	4	427	525
1 year	976	528	263	1,774	3,541
2 years	1,174	578	397	798	2,947
3 years	1,288	442	575	1,715	4,020
4 years	1,023	504	575	1,245	3,347
Total under 5 years	4,528	2,079	1,814	5,959	14,380
5-9 years	6,160	2,347	2,576	5,143	16,226
10-14 years	6,639	2,323	1,544	5,484	15,990
Total under 15 years	17,327	6,749	5,934	16,586	46,596

TABLE XXIII—ESTIMATED CHILD POPULATIONS OF THE DIVISIONS MID-1950, AND PERCENTAGES OF THOSE POPULATIONS IMMUNISED AT 31ST DECEMBER, 1950

	DIVISION				Whole County
	Northern	Southern	Eastern	Luton	
No. of children under 5 years	9,558	3,914	2,810	9,868	26,150
Percentage immunised	47·4	53·1	64·6	60·4	55·0
No. of children 5-14 years	15,952	6,308	4,750	15,370	42,380
Percentage immunised	80·2	74·0	86·7	69·1	76·0
Total No. of children under 15 years ...	25,510	10,222	7,560	25,238	68,530
Percentage immunised	67·9	66·0	78·5	65·7	68·0

SECTION 27—AMBULANCE SERVICE

The County Ambulance Service covers completely the whole of the Administrative County with the exception of a small area on the Buckinghamshire border and one on the Northamptonshire border. In these areas, agency agreements are in existence with the Buckinghamshire County Council and the Rushden and District Motor Ambulance Association respectively. The Authority's Service receives a considerable reinforcement from the Hospital Car Service and from the attendance of voluntary personnel of the St. John Ambulance Brigade and the British Red Cross Society at the Depots. During the year the Hospital Car Service travelled 189,138 miles in doing 3,081 journeys for the Authority. Car Hire Services were employed to convey patients to and from the Chest Clinic in Bedford and 28,874 miles were travelled on 869 journeys.

At the 31st December, 1950, the ambulance personnel directly employed—Superintendent, Station Officers and Driver-Attendants—numbered 65. The fleet comprised 24 ambulances and 10 sitting-case vehicles. A Maintenance Officer was appointed in March, 1950. Table XXIV sets out the work done by the 5 Ambulance Depots during 1950. The total mileage shown includes 6,497 miles travelled on behalf of other authorities. In addition to the mileage covered by the Council's vehicles, the following mileages were recorded by other Ambulance Services acting on the Council's behalf:—

Buckinghamshire County Council	...	...	38,095 miles
Rushden & District Motor Ambulance Association	5,051	„	
Other Authorities	...	...	13,177 „

TABLE XXIV—DETAILS OF WORK DONE BY THE COUNTY
AMBULANCE DEPOTS, 1950

Depot	Class of Vehicle	County Journeys	Out of County Journeys	Total No. of Journeys	Total Number of Miles Travelled
Bedford ...	Ambulances ...	3,417	415	3,832	108,694
	Sitting-case Cars	1,266	284	1,550	66,460
					175,154
Biggleswade	Ambulances ...	850	348	1,198	45,084
	Sitting-case Cars	843	343	1,186	45,025
					90,109
Ampthill ...	Ambulances ...	1,571	52	1,623	60,974
	Sitting-case Cars	1,006	70	1,076	41,134
					102,108
Dunstable ...	Ambulances ...	2,449	302	2,751	62,481
	Sitting-case Cars	1,404	120	1,524	31,709
					94,190
Luton ...	Ambulances ...	4,574	270	4,844	82,622
	Sitting-case Cars	512	256	768	35,092
					117,714
	Totals ...	17,892	2,460	20,352	579,275

SECTION 28—PREVENTION OF ILLNESS: CARE AND AFTER-CARE

(a) Tuberculosis

The establishment provides for six Tuberculosis Visitors, two Welfare Officers and an Occupational Therapist. Beds, bedding, shelters and nursing requisites are available for patients being nursed at home. These patients can also receive domestic help and extra nourishment. Arrangements are made, where necessary, to provide boarding-out accommodation for the children of infected persons. In addition, arrangements exist with settlements for the reception of suitable tuberculous patients.

The scheme under this Section was extended in 1950 to provide for B.C.G. vaccination, by and at the instance of the Chest Physicians, in suitable cases.

(b) Other Types of Illness

For the care and after-care of the non-tuberculous sick, the County Council provide nursing equipment and apparatus required by patients being confined or nursed at home. This is done indirectly through the British Red Cross Society and the St. John Ambulance Brigade who, between them, operate 19 Comforts Depots in the County. As with the tuberculous, occupational therapy and domestic help are available. Convalescent facilities for mothers and young children are also provided in suitable cases.

(c) Health Education

The main activity during 1950 was concerned with Food Hygiene. Discussions were held at the beginning of the year between the Medical Officers of Health and Sanitary Inspectors of the County and the County Districts. Subsequently special campaigns culminating in Exhibitions were conducted in Dunstable, Leighton Buzzard, Luton and Bedford. The local authorities were responsible for the campaigns, the County Council providing financial and other assistance, where required. In support of the campaigns, the Health Education Officer gave talks and showed films in 34 schools in various parts of the County. Several meetings were arranged for food handlers, women's organisations and the general public at which films were shown. Some of these meetings were addressed by Dr. J. H. Walker, Director of the Public Health Laboratory, Luton, who co-operated wholeheartedly with the local authorities. Other meetings were addressed by the Health Education Officer. In July, the Education Department arranged a one-day conference for School Canteen Workers and emphasis was placed on the necessity for great care in the handling of food.

Apart from Food Hygiene, 35 film shows covering various aspects of health were given to Women's Institutes, Parent-Teacher Associations, Clinics, Youth Organisations and similar groups. The Senior Dental Officer gave four talks, illustrated by films, to Parent-Teacher Associations. A few talks were arranged by the Health Education Officer in response to special requests.

From time to time during the year, display material provided by the Central Council for Health Education was exhibited in Ampthill, Bedford, Biggleswade, Dunstable and Leighton Buzzard.

SECTION 29—DOMESTIC HELP SERVICE

When the National Health Service was introduced, arrangements were made for a Home Help Service to be provided by the Women's Voluntary Services on behalf of the County Council. During the year a change was made in the administrative arrangements, but the service continued to be provided in the closest association with the Women's Voluntary Services. Home Helps are provided for households where assistance is needed because of illness, confinement, old age, etc. The amount of help given varies according to the needs of the individual assisted. Thus in some cases whole-time assistance is given, while in others, one or two hours a day are all that is necessary. At the end of the year, 42 full-time and 129 part-time Home Helps were employed.

Number of hours of assistance provided during the year:

Maternity cases	...	...	...	21,150½
Other cases	...	...	...	181,087¾
				<hr/>
TOTAL	...			202,238¼
				<hr/>

An additional service is provided on a small scale in the form of a "Sitters-Up" Scheme. The charge is 7s. 6d. per night and this is the amount paid to the sitter-up. Applications must be supported by a doctor's certificate. During 1950, 22 householders were assisted in this way.

SECTION 51—MENTAL HEALTH SERVICE

The number of cases of mental illness dealt with shows a considerable increase over the previous year. This fact may indicate that there is a more exact appreciation of the nature of the Service and therefore a greater readiness to use it rather than any increase in the absolute number of cases. The Council's psychiatric social worker and four mental health workers continue to carry out community care of the mentally ill and mentally defective. In after-care work their efforts are reinforced by psychiatric social workers from the Three Counties Hospital.

Great difficulty is still experienced in finding vacancies for defectives for whom institutional care is urgently necessary. At the time of writing, however, some improvement may be detected and the Regional Hospital Board are taking all possible steps to increase accommodation.

The two Occupation Centres for defectives have done good work over the year and there has been an increase in the number of defectives receiving home teaching.

Lunacy and Mental Treatment Acts, 1890-1930

Details are given overleaf of the cases dealt with under the Lunacy and Mental Treatment Acts by the Duly Authorised Officers during 1950.

Under "Other Action" are included cases of senile dementia which it was possible to refer to the Welfare Department to be dealt with by sending to Part III accommodation under the National Assistance Act, 1948, rather than by certification and admission to a Mental Hospital.

<i>Category</i>	<i>No. of Cases</i>
Voluntary	190
Temporary	4
Certification upon Petition	1
Certification (Summary Reception Orders)	127
Urgency Orders	33
Section 20	45
Other Action	150
TOTAL ...	550

Mental Deficiency Acts, 1913-1938

During the year 19 males and 24 females were ascertained to be mental defectives. Particulars are given below with regard to defectives under care in the community at 31st December, 1950:—

	<i>Males</i>	<i>Females</i>
Under Guardianship	20	15
Under Supervision—		
Statutory	126	74
Voluntary	26	29
Awaiting vacancies in Institutions	42	30
Supervised on Licence	8	11
Receiving training—		
N. Beds. Occupation Centre ...	14	6
S. Beds. Occupation Centre ...	10	9
Home Teaching	7	7
TOTALS ...	253	181

The number in institutions at the 31st December, 1950, was 256 (137 males and 119 females). 17 males and 11 females were on licence from institutions and most of these, as will be seen from the particulars given above, were under the supervision of the Authority.

NURSING HOMES

Under the Public Health Act, 1936, the County Council are the responsible authority for the registration and supervision of Nursing Homes. Their powers and duties are, however, delegated to the Luton Borough Council in respect of premises in that Borough. In the remainder of the County there were, at the 31st December, 1950, twelve Nursing Homes registered. These provided accommodation for 49 maternity and 116 other cases. 43 inspections were carried out and the Homes were found to be satisfactory.

SECTION III

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

NOTIFIABLE DISEASES

5,682 confirmed cases of infectious and other notifiable diseases were notified to the District Medical Officers of Health during 1950. Details are set out in Table XXV. The information has been extracted from the Quarterly Returns submitted by the District Medical Officers.

TABLE XXV—NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED AND CONFIRMED DURING 1950 IN THE SANITARY DISTRICTS OF BEDFORDSHIRE

	Amphill		Bedford		Biggleswade		Dunstable Borough	Kempston Urban	Leighton Buzzard Urban	Luton		Sandy Urban	TOTALS
	Urban	Rural	Borough	Rural	Urban	Rural				Borough	Rural		
Meningococcal Infection ...	—	—	1	—	—	1	—	—	—	5	—	—	—
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	1	33	147	144	24	26	27	23	5	140	12	5	58
Diphtheria ...	—	—	—	—	—	—	—	—	1	—	—	—	—
Typhoid Fever ...	—	—	1	—	—	—	—	—	—	—	—	—	—
Pneumonia (Acute) ...	—	4	64	62	7	10	7	9	30	25	9	6	22
Poliomyelitis—Paralytic ...	1	1	4	1	—	—	3	2	—	12	4	—	—
„ —Non-para. ...	—	—	3	—	—	—	—	1	—	3	1	—	—
Polioencephalitis—Paralytic ...	—	—	—	—	—	—	—	—	—	—	—	—	—
„ —Non-para. ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	3	—	—	23	—	—	3	3	—	—	—
Erysipelas ...	—	6	17	15	—	3	5	4	3	17	2	—	—
Whooping Cough ...	1	26	184	86	27	18	129	31	41	613	74	4	1,2
Measles ...	5	213	676	258	242	289	264	90	40	1,069	104	15	3,2
Ophthalmia Neonatorum ...	—	—	2	1	—	—	—	—	1	3	1	—	—
Puerperal Pyrexia ...	—	—	5	1	—	1	3	—	—	18	1	—	—
Food Poisoning ...	—	5	1	1	—	—	2	—	—	4	18	—	—
Infective Hepatitis (including Jaundice) ...	—	6	102	17	—	6	—	9	—	6	—	—	1
TOTALS ...	8	294	1,210	586	300	377	440	169	124	1,918	226	30	5,6

In addition, two cases of malaria were notified but in each case the patient had contracted the disease abroad.

Scarlet Fever

The outbreak of scarlet fever which occurred in the last quarter of 1949 (when 401 of the year's total of 579 cases were reported) continued into 1950. 291 cases were confirmed in the first quarter and 172 in the second quarter. In all, 587 cases occurred during the year. The Bedford area was most affected by the outbreak.

Diphtheria

It is pleasing to be able to report that, for the fourth year in succession, there were no deaths from diphtheria in this County. As in 1949, only one actual case occurred in 1950, compared with 9 in 1948 and 14 in 1947. This greatly improved state of affairs is undoubtedly due in large measure to the comprehensive facilities for diphtheria immunisation provided by the Authority and the readiness of the public to use them. Figures relating to immunisation are given in Section II.

Poliomyelitis and Polioencephalitis

36 cases of poliomyelitis were confirmed in Bedfordshire in 1950 and, of these, 28 were of a paralytic nature. No cases of polioencephalitis were reported. The first case was in March and the next two were in May. From then onwards cases occurred intermittently until the end of the year. November, with 12, and August, with 7 cases, were the two months most affected. The sex-age distribution of the cases in the County districts is shown in Table XXVI. Thirty-one patients were admitted to Spittlesea Isolation Hospital and one to Bedford General Hospital; four patients were nursed at home. Two of the patients died, giving a fatality rate of 5.6 per 100 cases compared with 9.8 in 1949. Tables VIII and IX show three deaths from poliomyelitis. The additional death occurred in January, 1950, and was related to the 1949 outbreak.

The two deaths occurring in the 1950 cases were in the group of patients with paralytic poliomyelitis. The remaining 26 cases in this group were followed up to determine the amount of residual paralysis, if any. The results of these investigations were as follows:—

No paralysis	...	...	...	...	...	3
Slight paralysis (not sufficient to be a handicap)						6
Moderate paralysis (some degree of impairment of function)	...	...	...	...	...	6
Severe paralysis (considerable impairment of function)	...	...	...	...	...	11
						—
						26
						—

TABLE XXVI—SEX-AGE DISTRIBUTION OF CASES OF POLIOMYELITIS IN THE SANITARY DISTRICTS OF BEDFORDSHIRE, 1950

District	0—		1—4		5—9		10—14		15—19		20—24		25—34		35—44		Totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Amphill Urban	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Amphill Rural	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Bedford Borough	—	—	—	—	1	1	1	—	—	—	2	—	1	—	1	—	6
Bedford Rural	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Dunstable ...	1	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1
Kempston ...	—	—	—	—	—	—	1	1	—	—	—	—	—	1	—	—	1
Luton Borough	1	—	1	—	3	3	1	3	—	—	—	—	—	2	1	—	7
Luton Rural ...	—	—	1	—	2	2	—	—	—	—	—	—	—	—	—	—	5
TOTALS ...	2	—	2	1	6	6	3	5	1	—	2	2	1	3	2	—	19

Whooping Cough

This disease was more prevalent in 1950 than in the previous year, 1,234 cases being notified as against 611. There were no deaths. The figures give no reliable indication of the actual number of cases that occurred. There are, undoubtedly, very many cases to which a doctor is not called and which, therefore, are not notified. It should be pointed out that the disease is by no means trivial and that it is not unusual for it to be followed by disabling after-effects.

Measles

In the past, it was usual to encounter an epidemic of measles every other year, but there is evidence which suggests that the periodicity is changing. Experience during the past four years suggests that a cycle of one year is being established. The figures set out below are relevant:—

Year	Cases	
	Notified	Deaths
1944	242	1
1945	3,063	2
1946	879	1
1947	2,291	2
1948	2,367	—
1949	2,447	3
1950	3,265	—

Like whooping cough, this disease is by no means trivial. It may, in fact, be followed by serious after-effects.

TUBERCULOSIS

The County Council's responsibility is in relation to prevention, care and after-care, treatment being provided by the Regional Hospital Board. The Senior Chest Physicians who work at and from the Chest Clinics are jointly employed by the Regional Hospital Board and the Local Health Authority. This represents an attempt to maintain an integrated tuberculosis service. There is an establishment of six Tuberculosis Visitors who are employed full-time on prevention, care and after-care. Further details are given in Section II.

During 1950, there were 393 new cases of pulmonary tuberculosis and 50 of non-pulmonary tuberculosis notified. In addition, 44 pulmonary and 4 non-pulmonary cases came to notice otherwise than by notification, e.g., by Death Returns and Inward Transfers. Tables XXVII and XXVIII give details of these cases and the corresponding figures for the two previous years.

TABLE XXVII—NUMBER OF NEW CASES OF PULMONARY AND NON-PULMONARY TUBERCULOSIS NOTIFIED 1948-50, SUBDIVIDED ACCORDING TO SEX

	Pulmonary			Non-Pulmonary		
	M.	F.	Total	M.	F.	Total
1948	180	173	353	28	20	48
1949	203	147	350	21	28	49
1950	256	137	393	25	25	50

TABLE XXVIII—NUMBER OF CASES OF PULMONARY AND NON-PULMONARY TUBERCULOSIS WHICH CAME TO NOTICE OTHERWISE THAN BY NOTIFICATION 1948-50, SUBDIVIDED ACCORDING TO SEX

	Pulmonary			Non-Pulmonary		
	M.	F.	Total	M.	F.	Total
1948	30	28	58	—	3	3
1949	19	27	46	5	9	14
1950	28	16	44	3	1	4

At the 31st December, 1950, there were 1,759 cases of pulmonary and 282 cases of non-pulmonary tuberculosis on the Chest Clinic Registers. Table XXIX shows these cases divided into men, women and children.

TABLE XXIX—NUMBER OF MEN, WOMEN AND CHILDREN ON THE CHEST CLINIC REGISTERS AT 31ST DECEMBER, 1950, SUBDIVIDED INTO PULMONARY AND NON-PULMONARY CASES

	Pulmonary			Non-Pulmonary			Totals		
	M.	W.	C.	M.	W.	C.	M.	W.	C.
Bedford ...	394	306	62	43	57	48	437	363	110
Luton ...	537	362	98	41	44	49	578	406	147
TOTALS ...	931	668	160	84	101	97	1,015	769	257

The number of attendances at the Chest Clinics during 1950 (including contacts) was 32,472, and 6,456 visits were paid to the homes of patients by the Tuberculosis Health Visitors. 1,322 home visits and examinations were made by the Chest Physicians.

Mass Radiography

Mass radiography serves a two-fold function. In the first place it discovers cases of pulmonary tuberculosis before the disease has progressed so far as to cause symptoms. This is clearly of benefit to the individual concerned. Secondly, by detecting and thus leading to the removal of unsuspected sources of infection, the public is protected. This is the important function from the public health standpoint for it must be realised that for each positive case discovered and segregated, possibly a dozen other persons are saved from daily contact with that source of infection, with the attendant risk of contracting the disease.

The North West Metropolitan Regional Hospital Board's Mass Radiography Unit commenced a survey in Bedfordshire in November, 1949, and continued intermittently until the end of October, 1950. 20,024 persons were X-rayed in Luton and 2,265 in Dunstable, making a total of 22,289 persons examined in the south of the County. Of these, 476 were recalled for large X-ray films to be taken. As a result of these further investigations, 216 persons were referred to Chest Clinics and in 89 cases active respiratory tuberculosis was finally diagnosed. Thus 4.0 per 1,000 of the people radiographed in the Luton area were found to be suffering from respiratory tuberculosis. In the north of the County (Bedford and district and Biggleswade), 467 of the 15,226 persons radiographed were recalled for large films to be taken, 127 were referred to Chest Clinics and 28, or 1.8 per 1,000, were finally diagnosed as having active respiratory tuberculosis. Taking the County as a whole, 3.1 per 1,000 of the persons radiographed were found to have active respiratory tuberculosis.

VENEREAL DISEASES

The Regional Hospital Board is responsible for the diagnosis and treatment of venereal diseases. Clinics are held at Bedford General Hospital (South Wing) and Luton and Dunstable Hospital. Table XXX gives details of the numbers of patients who attended the two clinics during the year and the numbers who were removed from the registers for various reasons.

There is undoubtedly an increased awareness of the facilities available for the treatment of venereal diseases and a willingness to seek examination and advice. Thus, included under "Other Conditions" are those persons who attended the clinics after having exposed themselves to the risk of contracting venereal disease and who wished to satisfy themselves that they were not infected.

TABLE XXX—NUMBER OF PATIENTS ON REGISTERS OF V.D. CLINICS AT 31ST DECEMBER, 1950, TOGETHER WITH ADDITIONS AND REMOVALS THEREFROM DURING 1950.

	Syphilis		Gonorrhoea		Other Conditions		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.
No. of patients on register at 1st January, 1950 ...	129	124	71	44	115	220	315	388
No. of patients dealt with for first time during 1950 ...	57	39	113	33	261	192	431	264
No. of patients restored to register during 1950 ...	5	19	15	3	8	21	28	43
TOTAL A ...	191	182	199	80	384	433	774	695
No. of cases removed from register in 1950 as:—								
(a) cured or D.N.C. ...	33	11	56	50	321	392	410	453
(b) defaulted ...	14	40	15	3	—	—	29	43
(c) died ...	1	1	2	—	—	—	3	1
(d) transferred for treatment elsewhere ...	26	15	18	2	—	—	44	17
TOTAL B ...	74	67	91	55	321	392	486	514
No. remaining on register at 31st December, 1950 (A-B)	117	115	108	25	63	41	288	181

FOOD POISONING

31 cases of food poisoning were notified during the year. 17 of these were associated with an outbreak in the Luton Rural District. Dr. H. A. A. Pargeter, the Medical Officer of Health, kindly supplied the following information.

On Tuesday, 6th June, 17 persons employed at a factory in the District who had eaten a cold lunch in the canteen were taken ill shortly afterwards with sickness and diarrhoea and 4 of them were ill enough to require hospital treatment. Investigations seemed to exculpate all the foods that were eaten with the exception of a salad and in particular cold peas that were contained in it. Specimens of all suspected material were sent to the Public Health Laboratory at Luton. Also, specimens of faeces, nasal swabs and other specimens were taken from the canteen staff and examined. Later it was reported from the Laboratory that staphylococci were found in the ham, the peas and also in the nasal swabs of 2 of the female staff; no other pathogenic organisms were discovered. The staphylococci found were not of the type usually associated with food poisoning. Chemical tests undertaken by the Laboratory proved to be negative.

SECTION IV

INSPECTION AND SUPERVISION OF FOOD

INSPECTION AND SUPERVISION OF FOOD

Under the Food and Drugs Act, 1938, the County Council, as Food and Drugs authority for the Administrative County less the Boroughs of Bedford and Luton, are responsible for enforcing those provisions designed to secure that food and drugs are sold only in a pure and genuine condition. The local sanitary authorities are responsible for enforcing all the other provisions of the Act.

MILK

Samples of milk are taken in order to ensure that the consumer receives milk that has not been adulterated either by the extraction of fat or by the addition of water. With regard to fat content, it may be pointed out that the real deficiency may be much greater than that given. The law presumes adulteration only if the milk contains less than 3 per cent milk fat. Table XXXI shows that the average fat content of 298 unadulterated samples examined during the year was 3.63 per cent.

298 samples were taken whilst the milk was in course of delivery and, of these, 23 were found to be abnormal. 36 appeal-to-cow samples were also taken, of which 13 were unsatisfactory. Thus there were 36 abnormal samples in all. Three of these contained extraneous water and were also deficient in fat; 3 contained extraneous water, but their fat content did not fall below the level presumed to indicate adulteration; 30 were deficient in fat only. Advice was given to farmers in four instances whilst in fourteen others warning letters were sent. Proceedings were instituted in two cases. One was dismissed and in the other a fine was imposed.

TABLE XXXI—MONTHLY AVERAGE FAT CONTENT OF ALL UNADULTERATED SAMPLES OF MILK TAKEN DURING 1950

Month	Number of Samples	Milk Fat Content per cent
January	37	3.80
February	25	3.73
March	30	3.66
April	14	3.38
May	30	3.46
June	35	3.40
July	33	3.54
August	7	3.48
September	23	3.61
October	36	3.76
November	18	3.71
December	10	4.00
TOTALS	298	3.63

THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949

Under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, the County Council, as a Food and Drugs authority, are responsible for the licensing of pasteurising and sterilising plants. There were two applications for pasteurising licences during the year. On the 31st December, 1950, there were two pasteurising licences in force. There were no applications received for licences in respect of sterilising plants.

MILK IN SCHOOLS SCHEME

Under the Milk in Schools Scheme, 104 schools received heat-treated milk and 28 received Tuberculin-Tested milk. In 14 instances, however, it was only possible to supply non-designated milk. At the end of the year, approximately 80.6 per cent of the children were taking milk in school.

BACTERIOLOGICAL EXAMINATION OF MILK

During the year 372 samples of milk were taken from retailers supplying milk to the 146 maintained schools in the County (excluding Bedford and Luton). Samples were also taken from Hospital Farms and pasteurising and heat treating plants. Details of all samples submitted for bacteriological examination during the year are given in Table XXXII.

TABLE XXXII—NUMBER OF SAMPLES OF MILK SUBMITTED FOR BACTERIOLOGICAL EXAMINATION DURING 1950

Classification	Routine Samples			First Follow-up			Second Follow-up			Third Follow-up			Total No. of Samples Taken
	Sat.	Unsat.	Total	Sat.	Unsat.	Total	Sat.	Unsat.	Total	Sat.	Unsat.	Total	
... taken from ...	231	78	309	41	12	53	1	6	7	1	2	3	372
... taken from al Farms ...	21	1	22	1	—	1	—	—	—	—	—	—	23
... taken from ising and Heat ug Plants ...	57	7	64	7	—	7	—	—	—	—	—	—	71
TOTALS ...	309	86	395	49	12	61	1	6	7	1	2	3	466

BIOLOGICAL EXAMINATION OF MILK

During the year 159 samples of milk were tested by Guinea Pig inoculation and 3 samples were found to contain Tubercle Bacilli. The facts were reported to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries, and in each instance the cow producing the infected milk was slaughtered under the Diseases of Animals Act.

SAMPLES OTHER THAN MILK

The total number of samples of food and drugs, other than milk, examined during the year was 991 of which 13, or 1.31 per cent, were reported to be adulterated or otherwise irregular. Five of these were informal samples. Formal samples were subsequently taken and found to be satisfactory. As regards the other unsatisfactory samples, two warning letters were sent and the entire stock was withdrawn in six cases. There were no prosecutions during the year.

MERCHANDISE MARKS ACTS

Routine visits were made to premises and samples were taken. Three instances of the sale of foreign produce not labelled as to country of origin were discovered and successful prosecutions were undertaken. Fines were imposed in two cases and in the third the defendant was cautioned by the magistrates.

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