[Report 1956] / Medical Officer of Health, Bedfordshire County Council (County of Bedford).

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

Bedfordshire County Council

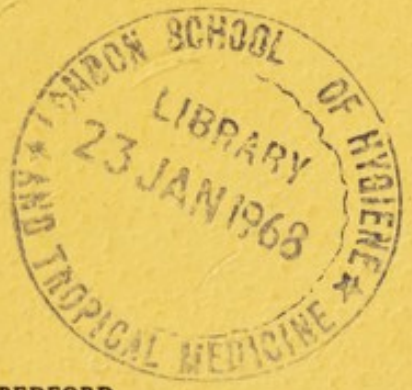
REPORT

of the

Medical Officer of Health

for

1956



BEDFORD
FISHER & SONS (Bedford) LTD.

CONTENTS

To the Chairman and Members of the Bedfordshire County Council

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the Report on the Health Services for the year 1956.

It was a year in which much happened and much was adumbrated. Generally, it may be said that the Authority's services were adequately maintained and there were even some expansions. Notwithstanding the virtual embargo on capital expenditure, two important matters went ahead, namely, the new Leicester Road Ambulance Station in Luton, and the Occupation Centre at Kempston which is to serve north Bedfordshire. The Ambulance Station is completed and is in operation and the Occupation Centre will be ready for use in the autumn. Two other projects, however, were caught by the embargo. They were the Farley Hill Health Centre and the Bedford Day Nursery. It is a great pity that the building of the Health Centre had to be postponed *sine die*, for its provision would have been a great boon to the neighbourhood. The number of Infant Welfare Centres increased, reaching a figure of 70; in 1948 there were 48. Vaccination against poliomyelitis was commenced and so far has been justified by the results. The deaths and crippling due to this disease made it very desirable that something should be done and it is good that it has been possible to take a decision to continue vaccination during the summer months, and to extend it to children born in 1955 and 1956 and to those who did not register previously. Moreover, the Authority decided to offer B.C.G. vaccination to those 13-year-old schoolchildren who would benefit by it. In these two fields of work, vaccination against poliomyelitis and against tuberculosis, this country has been a relative latecomer, but caution has been justified. It is particularly interesting to know that one of the oldest and foremost protagonists of B.C.G. vaccination has now reached the conclusion that in a country such as this no more is necessary than is being done.

There was fresh legislation directly or indirectly affecting this Authority. A proposal was made that those County Districts in Bedfordshire which were not already " specified " areas under the Food and Drugs Act, 1955, should become specified, and an Order to that effect has now been made, with the result that from the 1st April, 1957, only heat-treated or tuberculin tested milk may be sold in the County. The Clean Air Act, 1956, with all its possibilities, was placed on the statute book. The Food Hygiene Regulations, 1955, came into operation. These are not administered by this Authority, but much work is done in association with County Districts. The regulations lay down requirements in respect of (i) the cleanliness of food premises and stalls, etc., and of apparatus and equipment; (ii) the hygienic handling of food; (iii) the cleanliness

of persons engaged in the handling of food and of their clothing, and the action to be taken where they suffer from, or are carriers of, certain infections; (iv) the construction of food premises, the repair and maintenance of food premises, stalls, vehicles, etc., and the facilities to be provided, and (v) the temperature at which certain foods that are particularly liable to transmit disease are to be kept in food premises.

The previous paragraph draws attention to legislation recently passed, but already new legislation is being promoted. There is before Parliament the National Assistance Act, 1948 (Amendment) Bill, which proposes additional powers for Local Authorities. The Bill is based upon the need to keep old people at home by a proper system of providing meals and attention. Such provision will inevitably increase the demands now made on the domiciliary health services, which already devote a considerable amount of time to the aged. Thus, taking the country as a whole, half the time of Home Nurses and two-thirds of the time of Home Helps is given to the aged, while Health Visitors pay them one million visits a year.

Also during 1956, Departmental Committees considered various aspects of the National Health Service. There was discussion about the kind of social worker required in the local authorities' services. For years it has been the belief of many that the Health Visitor is very well equipped indeed for the work, and this view finds support in " An Inquiry into Health Visiting " (1956), which said, " Looking at the services with which we are concerned, it seems to us that, over the field of families at risk, the problems confronting a general family visitor are more likely than not to be concerned with the prevention of ill-health or ill-health itself. If we are right it seems obvious that a visitor with both a ' medical ' and a ' social ' background would have the advantage. We should not, therefore, think it desirable to expect workers without that type of experience to undertake the work." The last word, however, has not yet been written. A report is now awaited from the Younghusband Committee which was set up " To examine the proper field of work and the recruitment and training of social workers at all levels in the local authorities' health and welfare services under the National Health Service and the National Assistance Acts and in particular, whether there is a place for a general purposes social worker with an ' in-service ' training as a basic grade."

But it is not only the kind of services to be administered by local authorities and the kind of officer needed that have been under review. Attention has also been directed to the organisation of local health authority services and to the matter of delegation to County Districts. As regards organisation, the Report of the Committee of Inquiry into the " Cost of the National Health Service " (1956) said, " We conclude that the provision of the domiciliary health services is essentially a local authority function, and that it would be a mistake to transfer that function to any other authority. We are satisfied that the county councils and county borough

councils are the right authorities—bearing in mind the areas they serve and the resources they command—to plan and administer the local health and welfare services in co-operation with the hospital authorities and local Executive Councils. We appreciate that, strictly, our terms of reference do not relate to the welfare services, but there are points where the welfare services are so closely related to the Health Service that we cannot deal properly with our terms of reference without paying some regard to their provision. We have noted with interest that a number of authorities have taken steps with satisfactory results to combine the administration of their local health and welfare services under one committee (the health committee) of the council. In the majority of areas, however, these services are still administered by two separate committees of the county council or county borough council—i.e., the health committee and the welfare committee. We recommend that all authorities who have not yet done so should review the working of their health and welfare services to see whether their efficiency might be improved, and the interests of patients better served, by combining their administration under one committee of the council, or under a joint sub-committee."

Before dealing with the matter of delegation, it is pertinent to mention that in 1956 a White Paper appeared entitled "Areas and Status of Local Authorities in England and Wales." It is presumed therein that a town with a population of 100,000 or more is large enough to function effectively as a County Borough. Moreover, an Authority which is applying for County Borough status should be entitled simultaneously to submit an application for an extension of its boundaries, if it wishes to do so. The proposals regarding delegation appear in a recent White Paper entitled, " Functions of County Councils and County District Councils in England and Wales." It is proposed that non-county boroughs and urban districts of 60,000 or more shall have an automatic right to delegation of local health (including mental health) and welfare services, other than accommodation under Part III of the National Assistance Act and ambulances. It would appear that the School Health Service also is to be delegated. In addition, it is proposed that there shall be an automatic right to delegation of Food and Drugs functions to non-county boroughs and urban districts with a population of 60,000 or more, and delegation to other districts with populations of 20,000 and over as may be appropriate.

It is reasonably clear from a consideration of the foregoing that there may be important results for some County Councils.

There were two important changes of *Staff* during the year. In June, Dr. C. L. Sharp took up duties as Divisional Medical Officer and Medical Officer of Health of Bedford, and, in September, Miss Edna M. Lee was appointed Divisional Nursing Officer to the Luton Division. There were some difficulties in the recruitment of certain grades of staff, but the number of staff was maintained at a fairly high level. This was fortunate, for all were working under great pressure. An important factor in recruitment is the ability to

offer accommodation, a matter in which much help has been given by the local Housing Authorities. It now seems clear that, owing to the additional duties in connection with immunisation against disease, additional staff—medical, nursing and clerical—will be needed in due course, and this need will exist irrespective of the manner in which the services are organised.

As regards *Statistics*, the population of the administrative County is increasing steadily. In 1948 it was 298,715. In 1956 it was 329,900, an increase of 6,300 on 1955. There are, moreover, proposals for a substantial increase in the south of the County. Various figures have been given, even as high as 55,000. Any appreciable increase of population will necessitate the provision of additional services no matter what re-organisation of Local Government takes place and some plans to meet the situation have already been made. The *Vital Statistics* compare very favourably with those of England and Wales, but it is disappointing to find that the 1955 record low levels for Infant Mortality and Stillbirths were not maintained. They were, however, still below those for England and Wales. It is reasonable to hope that they may be permanently improved as a result of the steps taken following the recommendations of the Bedfordshire Committee on Ante-Natal Toxaemia, which deliberated towards the end of 1956. The list of *Causes of Death* shows little variation in order from previous years. It was again the case that many individuals died in the 45-64 years age group. While it would be wrong to suggest that overindulgence was the cause in most cases, there is much truth in Dr. Jean Mayer's dictum, " One part of the world is still suffering from hunger and malnutrition, while another part literally eats itself to death." The percentage of deaths due to Cancer was less and the number of cases of lung cancer fell, if only slightly, but it would almost certainly not be right to seek to draw comfort for the future from this. As regards lung cancer it is pointed out in the text of the Report that there is a convincing statistical association between smoking, particularly cigarette smoking, and this form of cancer. It is especially those individuals who have been heavy smokers for many years who are most liable to become victims. A sudden decline of incidence cannot, therefore, be expected yet. Hope lies in the future and it is good to see that " Health Education " (Ministry of Education Pamphlet 31), which has been prepared mainly for intending teachers, includes an important chapter on Drugs, Alcohol and Tobacco, and contains much that should be known to parents and young people.

The *Nursing Service* and *Health Visiting Service* functioned well, and it is pleasing to record the continued success of the Infant Welfare Centres. Every effort is made to see that they fulfil their primary function, that of education. The *Ambulance Service* operated efficiently. Urgent cases are always dealt with promptly, but there is sometimes delay in dealing with those of a non-urgent character and this state of affairs is unavoidable unless there is a considerable expansion of the service. There was an appreciable reduction in mileage during the year. It is difficult to see why this

should be so, because there has been no recent change in the conditions of operation. The reduction, however, is very welcome, for the service is costly.

The *Vaccination and Immunisation Services* are now presenting difficulties in staffing which have been aggravated by the advent of poliomyelitis vaccine. The number of prophylactic agents is increasing, viz., against smallpox, diphtheria, whooping cough, tuberculosis, poliomyelitis and tetanus, and it seems that an authoritative review of the situation would be useful. The problem is to strike a suitable balance, bearing in mind the severity of each disease.

A full description of the *Mental Health Service* is given in the text of the Report. This is done to some extent as a matter of report and record, but also in the hope that there may arise a greater awareness of what the Authority's domiciliary mental health service is and what it does. It is the constant aim of the Mental Health Workers to find a solution to a patient's difficulties in such a way that he is able to remain in the community. Practically half their work now is devoted to this object, and much success has attended their efforts. The importance of this is clear. There is a reduction of the pressure on hospital beds, and the fact that a patient is enabled to stay at home is often pleasing both to himself and his relatives. The Mental Health Service is very important and its importance will increase rather than diminish. As regards the size of the problem with which it has to deal, it was mentioned in the 1955 Report that about half the hospital beds in the country are occupied by mental patients. To this may be added that it is estimated that in the Health Service generally about one-third of the prescriptions and consultations are rendered necessary by mental illness of some kind.

Though there does not yet exist a complete understanding of mental health, there is much that can be done even with our present limited knowledge. There is increasing evidence that certain diseases formerly regarded as entirely physical in nature and origin are in fact brought about by some abnormal mental process. It was said by Napoleon that in war the spiritual is to the material as three to one. It may well be that it is not vastly different in peace-time.

There are today many influences at work which tend to bewilder individuals and even nations, filling them with fears and anxieties, and some individuals fall victims to advertisements which promise relief from these ills. This is unfortunate, for there is no doubt that some of the drugs advertised, amongst them the so-called Tranquillisers, are actually damaging unless taken under medical direction.

As regards *Infectious Diseases*, the number of cases varies considerably from year to year. Thus, in 1956, there were 3,605 confirmed cases of infectious and other notifiable diseases (excluding tuberculosis). The corresponding figures for 1955 and 1954 were 5,822 and 2,038 respectively. There has been no case of diphtheria for five years, but in recent years dysentery has been troublesome.

Poliomyelitis, of which there were only 16 cases last year, showed a decrease on the previous year. There were no deaths and it is gratifying that no disease occurred in any child which had been vaccinated.

Once more I am glad to acknowledge my indebtedness to the voluntary bodies and individuals who have given me assistance during the year and to officers of the Hospital Authorities and Local Executive Council for their co-operation. I acknowledge, too, the ungrudging support I have received from the staff of the Department, both central and divisional. In particular, I am grateful to Dr. C. A. Harvey, who does so much for mental health in this County. Finally, I would like to express my thanks to the Chairman and members of the Health Committee for their encouragement during somewhat difficult times.

I have the honour to be,

Your obedient servant,

W. C. V. BROTHWOOD,

County Medical Officer of Health.

PHOENIX CHAMBERS,
HIGH STREET,
BEDFORD.
May, 1957.

HEALTH COMMITTEE 1956-57

Chairman : Alderman H. R. Waller, M.B.E., D.L., J.P.

Vice-Chairman : Councillor T. E. S. Lloyd, M.A., M.B., B.Chir.

Ex-Officio : Alderman Sir Frederick Mander, J.P.
Alderman E. K. Martell

Aldermen

W. G. Braybrooks
L. Chambers, J.P.
Mrs. A. T. Dawson
C. H. Inskip
P. R. Smith, J.P.
Mrs. A. Urwin

Councillors

J. A. Allison
W. Blackburn
R. P. Burton (res. 31.3.57)
S. A. Butcher
L. E. Bygraves (res. June '56)
Mrs. D. Clarke
T. B. Compton
G. W. Cooper (apptd. 30.11.56)
Mrs. W. England
J. Isaac
F. A. Jarvis
B. Leach (apptd. 22.2.57)
R. Lester
F. C. Lines
Miss D. M. Mann
C. Sheffield
J. Simpson
Mrs. E. Smith
E. J. Harding (apptd. 12.7.56 : res. Jan. '57)

Co-opted Members

G. W. Allen, L.D.S.
E. S. Blott (res. July '56)
Mrs. M. Brabington-Perry
J. G. R. Clarke, M.B., B.S., M.R.C.S., L.R.C.P.
E. N. Graham, F.R.C.S. (Ed.)
Brig. J. N. Hildick-Smith, M.C.
W. C. Knight, M.B.E.
Mrs. E. A. Newton
B. Owens (apptd. Oct. '56)
A. E. Sharman
H. J. Weller, J.P.
H. W. S. Wynter
(1 vacancy)

Divisional Committee Chairmen

Northern : Alderman P. R. Smith, J.P.
Eastern : Alderman C. H. Inskip
Southern : Councillor Mrs. W. England
Luton : Mrs. B. Andrews (to 12.6.56)
Miss M. E. Redman, M.B.E. (from 12.6.56)

STAFF, 1956

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

H. S. BURY, M.R.C.S., L.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.
C. L. SHARP, M.R.C.S., L.R.C.P., D.P.H. (Apptd. 25.6.56.)

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 and School 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.R.C.S., L.R.C.P., D.P.H.
CICELY STEER, M.B., B.S., D.C.H.
FRANCES A. WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Chest Physicians (part-time)

J. B. SHAW, M.D., 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.

Dental Surgeons

A. P. ATKINS, L.D.S.
F. BRABINGTON-PERRY, L.D.S.R.C.S. (Part-time)
A. A. GARDNER, B.Dent.Sc.
P. A. McGUCKIN, L.D.S (Part-time) (Apptd. 9.1.1956)
LILY T. MILNES, L.D.S.
H. H. REVILL, L.D.S.R.C.S.

STAFF—*continued*

Chief Nursing Officer

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

Deputy Superintendent Health Visitor

ELIZABETH L. HUNTER, S.R.N., H.V's CERT.

Assistant Non-Medical Supervisor of Midwives and Home Nurses

WINNIE FROST, S.R.N., S.C.M., H.V.'s CERT.

Divisional Nursing Officer

EDNA M. LEE, S.R.N., S.C.M., H.V.'s CERT. (Apptd. 10.9.56)

County Sanitary Officer *

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

County Analyst

A. LICKORISH, F.I.C.

Health Education and Statistics Officer

C. J. GUY, D.P.A., F.S.S.

Senior Mental Health Worker

C. W. FRENCH (Psychiatric Social Worker)

Occupational Therapists

MARY H. GRIFFITH, M.A.O.T.

DAPHNE SMITH, M.A.O.T.

County Ambulance Superintendent

J. P. WILLEY, M.B.E.

Chief Clerk

S. P. MARRIOTT

* Title since changed to County Health Inspector

SECTION I

STATISTICS

GENERAL INFORMATION

The area of the geographical and administrative County at the end of 1956 was approximately 302,940 acres (474 square miles), minor adjustments having been made during the year to the boundary at Arlesey, Aspley Guise, Hulcote and Salford. Its greatest length is from North to South and is 36½ miles; its greatest breadth is 22½ 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, 1956, following revaluation, the rateable value was £4,181,839. The product of a penny rate for 1955-56 was, for general County purposes, £8,626. The estimated figure for 1956-57 is £17,150.

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 1956 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". The estimated home populations of the County Districts at the 30th June, 1956, were as follows :—

Administrative County	**329,900**
Urban Districts	**223,500**
Ampthill	3,120
Bedford M.B.	56,450
Biggleswade	7,740
Dunstable M.B.	19,020
Kempston	9,400
Leighton Buzzard	9,400
Luton M.B.	114,500
Sandy	3,870
Rural Districts	**106,400**
Ampthill	23,960
Bedford	33,280
Biggleswade	26,630
Luton	22,530

There is reason to believe that the number of Service personnel stationed in the County fluctuates considerably. Their inclusion makes useful comment on the population figures difficult. However, it may be stated that, except for Sandy U.D. which remained the same, some increase was recorded throughout the County. The net increase in the population of the County was 6,300.

EXTRACTS FROM VITAL STATISTICS FOR 1956

	Total	*M.*	*F.*		
LIVE BIRTHS :					
Legitimate	5,155	2,685	2,470	Crude Birth Rate	
Illegitimate	294	157	137	per 1,000 estimated home population	16.5
STILLBIRTHS :					
Legitimate	117	55	62	Rate per 1,000	
Illegitimate	10	5	5	total (live and still) births	22.8
DEATHS ..	3,473	1,771	1,702	Crude Death Rate per 1,000 estimated home population	10.5
MATERNAL DEATHS 3				Death Rate per 1,000 total (live and still) births	0.54

DEATH RATES OF INFANTS UNDER ONE YEAR OF AGE :

All infants per 1,000 live births	22.2
Legitimate infants per 1,000 legitimate live births ..	22.3
Illegitimate infants per 1,000 illegitimate live births ..	20.4

BIRTHS

5,449 live births attributable to Bedfordshire residents were registered during 1956. The distribution of these births amongst the County Districts is shown in Table I.

As the number of births in any area is largely governed by the number of married women of child-bearing age, it follows 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 I.

Table II 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 last thirteen years. These rates are based on *civilian* populations for the years 1944-49 and on *home* populations for the years since. The use of home populations gives a slightly lower figure for the County (e.g., in 1951 the birth rate per 1,000 home population was 15.2 and per 1,000 civilian population, 15.7) but a much lower figure for the Rural Areas (e.g., in 1951, 14.0 against 15.4).

The crude birth rate for the County in 1956 was 16.5, compared with 15.4 for 1955. Thus the upward trend since the low figure of 14.6 in 1952 continued. The national rate also increased, being 15.7 in 1956 compared with 15.0 in the previous year.

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 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

There were 294 illegitimate live births in 1956. These constituted 5.4 per cent of the total live births, compared with 5.1 per cent in 1955. Of the 127 stillbirths, 10 were illegitimate. During the year, six illegitimate infants under one year of age died, giving an illegitimate infant mortality rate of 20.4 per 1,000 illegitimate live births. The figures are, however, so small that no great significance can be attached to them. The legitimate infant mortality rate was 22.3.

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 sign of life. It will be seen in Table I that there were 127 stillbirths attributable to Bedfordshire residents during 1956, giving a stillbirth rate of 22.8 per thousand total births (live and still). Table II 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 thirteen years. It will be observed that although the rate for the Urban Districts remained the same, that for the Rural Districts jumped from 16.3 to 26.1, causing the County rate to rise from 19.7 in 1955 to 22.8 in 1956. Illegitimate stillbirths constituted 7.9 per cent of the total in 1956, compared with 8.0 per cent in 1955.

Table I—Number of Births, Infant Deaths and Stillbirths Registered During 1956 (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	Illegitimate	Total	Crude Rate per 1,000 Home Pop.	Adjusted Rate	Legitimate	Illegitimate	Total	Rate per 1,000 live births	Legitimate	Illegitimate	Total	Rate per 1,000 total births (live and still)
Urban:													
Ampthill	42	3	45	14·4	15·3	—	—	—	—	1	—	1	21·7
Bedford	1,061	66	1,127	20·0	19·4	17	1	18	16·0	22	1	23	20·0
Biggleswade ...	118	10	128	16·5	16·4	2	—	2	15·6	1	—	1	7·8
Dunstable ...	344	11	355	18·7	17·9	9	—	9	25·4	6	2	8	22·0
Kempston ...	133	4	137	14·6	15·6	5	—	5	36·5	4	—	4	28·4
Leighton Buzzard	160	13	173	18·4	17·9	5	—	5	28·9	4	—	4	22·6
Luton	1,670	106	1,776	15·5	15·5	42	2	44	24·8	35	5	40	22·0
Sandy	62	6	68	17·6	18·1	1	—	1	14·7	2	—	2	28·6
Totals ...	3,590	219	3,809	17·0	16·9	81	3	84	22·1	75	8	83	21·3
Rural:													
Ampthill	330	11	341	14·2	14·5	7	—	7	20·5	9	1	10	28·5
Bedford	452	32	484	14·5	17·3	12	1	13	26·9	9	—	9	18·3
Biggleswade ...	384	22	406	15·2	16·2	7	—	7	17·2	7	—	7	16·9
Luton	399	10	409	18·2	17·8	8	2	10	24·4	17	1	18	42·2
Totals ...	1,565	75	1,640	15·4	16·5	34	3	37	22·6	42	2	44	26·1
Grand Totals ...	5,155	294	5,449	16·5	16·7	115	6	121	22·2	117	10	127	22·8

Table II—Birth, Infant Mortality and Stillbirth Rates for Urban and Rural Areas of County, Whole County and England and Wales, 1944–56

Year	Crude Birth Rates per 1,000 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	45·4	27·9	30·6	28·7	27·7
1945	18·9	17·2	18·4	17·8	33·4	35·8	34·1	46·0	27·0	25·3	26·5	27·6
1946	19·3	18·3	19·0	20·2	35·2	32·7	34·5	42·9	31·6	24·3	29·6	27·2
1947	20·9	19·5	20·5	21·1	32·1	27·0	30·7	41·4	21·2	23·5	21·8	24·1
1948	17·6	17·4	17·5	18·1	29·2	31·4	29·8	33·9	20·3	18·2	19·7	23·2
1949	16·3	17·3	16·7	16·9	27·2	25·4	26·6	32·4	23·5	24·2	23·7	22·7
1950	15·6	15·4	15·5	15·9	24·0	28·2	25·3	29·6	26·9	24·9	26·3	22·6
1951	15·7	14·0	15·2	15·5	28·3	22·8	26·6	29·7	23·6	23·6	23·6	23·0
1952	14·9	14·2	14·6	15·3	23·2	26·1	24·1	27·6	23·0	24·2	23·3	22·7
1953	15·2	14·7	15·0	15·5	26·8	19·6	24·5	26·8	24·1	19·8	22·7	22·4
1954	15·3	15·4	15·3	15·2	26·7	26·1	26·5	25·4	26·6	20·0	24·4	23·5
1955	15·2	15·8	15·4	15·0	18·2	17·8	18·0	24·9	21·3	16·3	19·7	23·2
1956	17·0	15·4	16·5	15·7	22·1	22·6	22·2	23·8	21·3	26·1	22·8	23·0

* Civilian population to 1949 ; home population since.
† Rate refers to births occurring during calendar year.
‡ Rate refers to stillbirths occurring during calendar year.
§ Rate per 1,000 related births.

DEATHS

In 1950, the Registrar General returned to the pre-war practice of including deaths of service personnel stationed in the area with those of civilians whose usual residence was in the County. 3,473 deaths were registered in 1956, giving a crude death rate per 1,000 home population of 10.5, compared with 10.6 in 1955.

Table III shows the age distribution of the deaths registered in the years 1946 to 1956. An analysis of the sex distribution in these age groups reveals that in the seven years 1950-56, 59.9 per cent of deaths in the group 15-44 were males whilst for the group 45-64, the figure was 61.9. In the former group the excess of male deaths was largely attributable to accidents (all forms), coronary disease and angina, suicide and ulcer of the stomach and duodenum. In the older group, heart disease, cancer (all forms), respiratory diseases, stomach ulcers, accidents and suicide were responsible.

TABLE III—DEATHS AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY, 1946–56

Year	Deaths in age groups						Total
	0—	1—	5—	15—	45—	65—	
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
1951	129	27	16	195	748	2,231	3,346
1952	113	28	20	199	702	2,166	3,228
1953	118	14	11	178	671	2,094	3,086
1954	130	6	17	181	730	2,145	3,209
1955	90	18	11	163	800	2,340	3,422
1956	121	11	20	178	738	2,405	3,473

DEATH RATES

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 1956 are shown in Table IV.

CAUSES OF DEATH

The causes of death in the Sanitary Districts and the County as a whole are shown in Table VI. Table VII 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

TABLE IV—CRUDE DEATH RATES, AREA COMPARABILITY FACTORS, AND ADJUSTED DEATH RATES OF THE SANITARY DISTRICTS AND ENGLAND AND WALES, 1956

	Crude Death Rate per 1,000 Home Population	Area Comparability Factor	Adjusted Death Rate
Urban Districts	**10·3**	**1·09**	**11·2**
Ampthill	12·8	0·67	8·6
Bedford M.B.	9·9	0·98	9·7
Biggleswade	19·0	0·55	10·4
Dunstable M.B.	9·4	1·19	11·1
Kempston	9·7	1·05	10·2
Leighton Buzzard ...	11·6	1·06	12·3
Luton M B.	10·0	1·21	12·1
Sandy	9·0	0·99	9·0
Rural Districts	**11·0**	**0·92**	**10·1**
Ampthill	11·2	0·97	10·9
Bedford	9·9	0·93	9·2
Biggleswade	14·5	0·79	11·4
Luton	8·4	1·09	9·1
Admin. County	**10·5**	**1·04**	**11·0**
England and Wales ...	**11·7**	**1·00**	**11·7**

importance of the principal diseases from a mortality point of view, Table V has been prepared, showing the actual number of deaths from these diseases and from accidents of all kinds in 1956, together with the percentages of the total number of deaths attributable to them. The corresponding percentages for 1954 and 1955 are also shown.

TABLE V —NUMBER OF DEATHS FROM PRINCIPAL FATAL DISEASES AND ACCIDENTS IN 1956, TOGETHER WITH PERCENTAGES OF THE TOTAL NUMBER OF DEATHS ATTRIBUTABLE TO THESE CAUSES IN 1954-56.

	No. of deaths in 1956	Percentage of total deaths in 1956	Corresponding percentage in	
			1955	1954
Heart Disease	1,126	33·4	30·2	31·6
Cancer (including Leukaemia)	616	17·7	19·9	19·4
Cerebral Haemorrhage, etc. ...	504	14·5	15·0	14·5
Pneumonia	163	4·7	3·7	4·0
Bronchitis	161	4·6	5·2	4·6
Other Circulatory Diseases ...	139	4·0	4·0	3·7
Accidents (all forms)	125	3·6	3·7	3·8

These seven causes account for four-fifths of the deaths in the County. It will be seen that the order remains almost unchanged. Heart Disease again heads the list, being responsible for one-third of all deaths.

TABLE VI—CAUSES OF DEATH IN THE SANITARY DISTRICTS OF BEDFORDSHIRE, 1956

CAUSE OF DEATH	Administrative County	URBAN DISTRICTS									RURAL DISTRICTS				
		Ampthill	Bedford	Biggleswade	Dunstable	Kempston	Leighton Buzzard	Luton	Sandy	TOTAL	Ampthill	Bedford	Biggleswade	Luton	TOTAL
1. Tuberculosis, Respiratory	22	2	7	—	1	—	1	4	—	15	1	—	3	3	7
2. Tuberculosis, Other	2	—	1	—	—	—	—	—	—	1	1	—	—	—	1
3. Syphilitic Disease	5	—	1	—	—	1	—	2	—	4	—	—	1	—	1
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—
9. Other Infective and Parasitic Diseases	8	—	1	—	—	—	—	5	—	6	—	1	1	—	2
Malignant Neoplasm—															
10. Stomach	85	1	23	1	3	3	1	28	—	60	8	3	9	5	25
11. Lung, Bronchus	115	—	23	5	4	5	1	42	1	81	6	11	11	6	34
12. Breast	78	2	8	2	3	2	2	29	2	50	6	7	10	5	28
13. Uterus	20	—	3	—	1	—	1	9	1	15	1	1	—	3	5
14. Other Malignant and Lymphatic Neoplasms	304	6	44	13	14	6	14	109	2	208	21	35	28	12	96
15. Leukaemia, Aleukaemia	14	—	2	—	1	—	—	5	1	9	—	2	3	—	5
16. Diabetes	19	1	3	4	1	—	2	3	—	14	1	2	—	2	5
17. Vascular Lesions of Nervous System	504	3	63	28	31	20	21	174	5	345	35	48	47	29	159
18. Coronary Disease, Angina	486	4	69	15	24	10	18	162	9	311	31	56	56	32	175
19. Hypertension with Heart Disease ...	92	1	22	1	3	—	2	27	1	57	4	10	18	3	35
20. Other Heart Disease	548	6	74	21	28	18	16	170	3	336	67	38	86	21	212
21. Other Circulatory Disease	139	2	21	4	7	5	4	49	3	95	7	15	12	10	44
22. Influenza	15	—	2	1	2	—	—	2	—	7	1	7	—	—	8
23. Pneumonia	163	—	20	12	15	1	4	52	3	107	11	15	18	12	56
24. Bronchitis	161	6	38	6	9	2	1	59	2	123	8	13	12	5	38
25. Other Diseases of Respiratory System	22	—	4	—	—	1	1	6	—	12	4	4	1	1	10
26. Ulcer of Stomach and Duodenum ...	48	—	11	—	2	—	4	18	—	35	4	1	6	2	13
27. Gastritis, Enteritis and Diarrhoea ...	24	—	5	—	3	1	—	9	—	18	2	1	2	1	6
28. Nephritis and Nephrosis	30	—	2	2	1	3	1	11	—	20	2	2	4	2	10
29. Hyperplasia of Prostate	38	1	10	—	1	—	—	14	1	27	5	2	2	2	11
30. Pregnancy, Childbirth, Abortion ...	3	—	1	—	—	—	—	1	—	2	—	—	1	—	1
31. Congenital Malformations	39	—	6	1	1	3	1	11	—	23	4	4	3	5	16
32. Other Defined and Ill-defined Diseases	336	1	51	23	18	8	11	103	—	215	25	37	37	22	121
33. Motor Vehicle Accidents	48	2	10	2	1	1	2	11	1	30	6	7	2	3	18
34. All Other Accidents	77	2	27	5	2	1	1	13	—	51	7	5	12	2	26
35. Suicide	27	—	8	1	2	—	—	12	—	23	—	3	—	1	4
36. Homicide and Operations of War ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS: ALL CAUSES... ...	3,473	40	560	147	178	91	109	1,141	35	2,301	268	330	385	189	1,172

TABLE VII—CAUSES OF DEATH IN URBAN AND RURAL AREAS OF BEDFORDSHIRE, 1956, 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 ...	—	—	—	—	—	9	4	1	14	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	3	3	—	—	—	1	2	—	1	—	4
2. Tuberculosis, Other	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1	—	—	1
3. Syphilitic Disease	—	—	—	—	—	1	1	—	2	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	—	—	—	—	—	2	—	—	2	—	1	1	1	—	—	—	1	4	—	—	1	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1
Malignant Neoplasm—																																				
10. Stomach	—	—	—	—	—	11	11	8	30	—	—	—	—	3	9	8	10	30	—	—	—	—	1	4	2	5	12	—	—	—	—	—	1	3	9	13
11. Lung, Bronchus	—	—	—	—	6	34	16	10	66	—	—	—	—	1	6	6	2	15	—	—	—	—	1	17	8	7	33	—	—	—	—	—	1	16	7	4	28
12. Breast	—	—	—	—	—	—	—	—	—	—	—	—	—	9	22	13	6	50	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	2	5
13. Uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	4	3	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Other Malignant and Lymphatic Neoplasms	1	1	1	—	5	26	35	34	103	—	—	—	—	5	32	37	31	105	—	—	1	—	6	16	13	23	59	—	—	—	—	5	12	7	13	37
15. Leukaemia, Aleukaemia	—	—	—	—	—	1	2	—	3	—	—	3	—	—	1	2	—	6	—	—	—	1	—	1	—	—	2	—	—	1	—	—	1	1	—	3
16. Diabetes	—	—	—	—	—	—	2	5	7	—	—	—	—	—	2	2	3	7	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	1	2	4
17. Vascular Lesions of Nervous System	—	—	—	—	3	25	44	68	140	—	—	—	—	—	19	58	128	205	—	—	—	—	—	8	19	39	66	—	—	—	—	2	17	23	51	93
18. Coronary Disease, Angina... ...	—	—	—	—	9	76	74	37	196	—	—	—	—	2	18	52	43	115	—	—	—	—	5	31	36	42	114	—	—	—	—	—	14	16	31	61
19. Hypertension with Heart Disease	—	—	—	—	—	7	10	13	30	—	—	—	—	—	1	10	16	27	—	—	—	—	—	4	7	5	16	—	—	—	—	—	4	7	8	19
20. Other Heart Disease	—	—	—	—	2	21	30	96	149	—	—	—	—	3	18	31	135	187	—	—	—	—	4	7	25	50	86	—	—	—	—	—	4	30	92	126
21. Other Circulatory Disease... ...	—	—	—	—	—	9	15	15	39	—	—	—	—	2	7	9	38	56	—	—	—	—	—	3	8	10	21	—	—	—	—	—	9	6	8	23
22. Influenza	—	—	—	—	1	3	—	—	4	—	—	—	—	—	—	1	2	3	—	—	—	—	—	1	3	1	5	—	—	—	—	—	—	1	2	3
23. Pneumonia	5	1	—	—	3	10	15	20	54	3	1	—	—	—	3	8	38	53	2	—	—	1	—	3	7	13	26	2	1	—	—	—	3	2	22	30
24. Bronchitis	1	1	—	—	1	23	26	28	80	1	1	—	—	1	2	6	32	43	—	1	—	—	—	10	7	10	28	—	—	1	—	—	1	—	8	10
25. Other Diseases of Respiratory System	—	—	—	—	1	3	2	1	7	—	—	—	—	—	1	1	3	5	—	—	—	—	—	2	—	2	4	—	—	—	—	—	1	1	4	6
26. Ulcer of Stomach and Duodenum	—	—	—	—	4	10	8	4	26	—	—	—	—	—	2	3	4	9	—	—	—	—	1	2	1	5	9	—	—	—	—	—	—	—	4	4
27. Gastritis, Enteritis and Diarrhoea	1	1	—	—	1	2	—	2	7	1	—	—	1	—	3	3	3	11	1	—	—	—	—	1	1	—	3	—	—	—	—	1	—	—	2	3
28. Nephritis and Nephrosis	—	—	—	1	—	4	5	—	10	—	—	—	1	2	3	—	4	10	—	—	—	1	—	1	1	3	6	—	—	—	—	—	—	2	2	4
29. Hyperplasia of Prostate	—	—	—	—	—	5	5	17	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	6	11	—	—	—	—	—	—	—	—	—
30. Pregnancy, Childbirth, Abortion ...	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
31. Congenital Malformations... ...	14	—	—	—	2	1	—	—	17	3	—	—	—	1	1	1	—	6	6	—	—	1	2	2	1	—	12	2	1	1	—	—	—	—	—	4
32. Other Defined and Ill-defined Diseases	29	—	2	1	1	19	11	29	92	24	—	1	1	5	14	18	60	123	13	—	—	—	2	12	8	21	56	11	—	—	1	2	14	11	26	65
33. Motor Vehicle Accidents	—	—	3	4	9	5	2	2	25	—	—	1	—	3	—	1	—	5	—	—	1	5	6	3	—	1	16	—	—	—	—	1	—	1	—	2
34. All Other Accidents	—	—	2	5	8	7	—	5	27	1	—	—	—	—	1	7	15	24	—	—	—	—	3	1	1	2	7	—	—	—	—	—	1	5	13	19
35. Suicide	—	—	—	1	2	7	2	1	13	—	—	—	—	3	5	1	1	10	—	—	—	—	1	2	—	—	3	—	—	—	—	1	—	—	—	1
36. Homicide and Operations of War	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS : ALL CAUSES ...	51	4	8	12	58	321	320	396	1,170	33	4	6	4	44	180	282	578	1,131	22	1	3	9	33	133	151	249	601	15	2	3	2	16	104	126	303	571

ACCIDENTS

In the report for 1955, attention was drawn to the increasing importance of accidents as a cause of death. On an average, during the past seven years just over one hundred Bedfordshire residents have died annually as the result of accidents, only two-fifths of the deaths being caused by motor vehicles. Whilst it is not possible to divide all the other accidents into groups according to place and cause, it may be assumed that the majority take place either at home or at work.

TABLE VIII.—SEX-AGE DISTRIBUTION OF DEATHS FROM MOTOR VEHICLE AND ALL OTHER ACCIDENTS, 1950-56.

		0–	1–	5–	15–	25–	45–	65–	75–	Total
Motor Vehicle Accidents										
1950	M.	—	1	3	6	13	10	1	—	34
	F.	—	2	3	1	1	4	—	1	12
1951	M.	—	1	3	4	10	3	1	2	24
	F.	—	—	—	2	1	1	3	—	7
1952	M.	—	—	—	12	11	6	—	1	30
	F.	—	—	2	1	1	2	1	—	7
1953	M.	—	1	—	8	6	8	4	1	28
	F.	—	—	—	—	1	2	—	1	4
1954	M.	—	1	2	9	21	10	6	3	52
	F.	—	1	1	1	1	1	1	2	8
1955	M.	—	1	3	6	7	13	1	4	35
	F.	—	—	—	4	—	1	2	1	8
1956	M.	—	—	4	9	15	8	2	3	41
	F.	—	—	1	—	4	—	2	—	7
Totals	M.	—	5	15	54	83	58	15	14	244
	F.	—	3	17	9	9	11	9	5	53
All Other Accidents										
1950	M.	2	1	3	2	8	6	3	6	31
	F.	2	1	4	—	—	4	2	17	30
1951	M.	4	—	—	4	8	6	2	2	26
	F.	—	2	—	—	2	3	8	21	36
1952	M.	3	—	5	4	3	3	4	4	26
	F.	2	—	1	2	2	1	3	11	22
1953	M.	1	—	1	1	3	7	7	10	30
	F.	2	—	—	1	2	5	4	18	32
1954	M.	1	1	3	4	5	6	3	14	37
	F.	1	—	—	—	1	2	6	16	26
1955	M.	1	1	1	4	11	14	5	7	44
	F.	3	2	—	—	—	1	8	24	38
1956	M.	—	—	2	5	11	8	1	7	34
	F.	1	—	—	—	—	2	12	28	43
Totals	M.	12	3	15	24	49	50	25	50	228
	F.	11	5	5	3	7	18	43	135	227

The sex-age distribution of all accidental deaths for the years 1950-56 is given in Table VIII. The vast majority of road fatalities during that period were males aged 15-64. Half the male deaths from all other accidents were in the age-group 15-64, which suggests that most of them occurred at work. It is probable that most of the deaths in males aged 65 and over resulted from accidents in the home and these were almost certainly the cause of most of the accidental deaths in females.

The matter of accidents is stressed because they account for a large proportion of deaths in the age-group 5-24 years and a great many of them need not have occurred.

TUBERCULOSIS

The death rate from respiratory tuberculosis has shown a remarkable decline in Bedfordshire during the past quarter of a century and in 1956 the figure of 6.7 per 100,000 home population was the lowest ever recorded. In 1931 the figure was 75. The corresponding death rate for England and Wales in 1956 was 10.9 per 100,000.

CANCER

There were 602 deaths attributable to malignant neoplasms in 1956 and a further 14 due to leukaemia or aleukaemia. For the purposes of comparison with previous years, the latter group has been omitted from the figures in Table IX which show that the vast majority of cancer deaths occur in the second half of life. As has been pointed out previously, it may be anticipated that as the number of elderly people in the population rises, 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.

In Bedfordshire, there were 115 deaths from lung cancer, compared with 126 in 1955. The sex-age distribution of these deaths and of cancers of all other sites including leukaemia and aleukaemia is shown in Table X. Lung cancer is predominantly a male affliction and much has been written in recent years about the relationship between this form of the disease and smoking. The statistical evidence for the connection is convincing but the reason for it has yet to be discovered. Amongst other possible causes is atmospheric pollution, for there is a marked difference in the death rates from cancer of the lung in urban and rural areas.

Excluding the lung and bronchus, cancer has been responsible for more deaths in females than in males in Bedfordshire during the last seven years. This is the case in all age-groups from 25 years.

Table IX—Age Distribution of Deaths of Bedfordshire Residents from all Forms of Cancer in Years 1941 to 1956, 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
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*
1951	—	1	2	44	212	288	547	*8·6*	*52·7*
1952	—	2	—	40	230	316	588	*7·1*	*53·7*
1953	—	1	2	38	183	290	514	*8·0*	*56·4*
1954	1	—	4	41	226	338	610	*7·5*	*55·4*
1955	—	3	1	34	242	389	669	*5·7*	*58·2*
1956	1	1	2	44	217	337	602	*8·0*	*56·0*

Table X—Sex-Age Distribution of Lung and other Cancers in Bedfordshire, 1950–56

	Males								Females							
	0—	5—	15—	25—	45—	65—	75—	Total	0—	5—	15—	25—	45—	65—	75—	Total
Lung, Bronchus																
1950	—	—	—	2	51	14	4	71	—	—	—	—	4	8	2	14
1951	—	—	1	4	52	21	6	84	—	—	—	2	6	3	5	16
1952	—	—	—	5	59	27	10	101	—	—	—	—	6	4	—	10
1953	—	—	—	3	43	17	7	70	—	—	—	2	4	3	—	9
1954	—	—	—	5	49	34	10	98	—	—	—	1	8	5	1	15
1955	—	—	—	6	59	36	8	109	—	—	1	1	8	5	2	17
1956	—	—	—	7	51	24	17	99	—	—	—	2	6	6	2	16
All Other Sites																
1950	4	—	1	11	62	75	65	218	2	—	1	15	93	69	65	245
1951	2	1	1	14	74	64	58	214	3	3	2	24	82	73	63	250
1952	4	—	1	19	65	62	73	224	1	—	—	19	102	54	90	266
1953	1	1	2	12	63	71	65	215	3	2	2	24	74	54	79	238
1954	1	2	1	16	68	58	74	220	—	3	4	18	106	72	86	289
1955	3	1	2	11	86	73	77	253	2	1	1	13	93	96	95	301
1956	2	2	1	12	59	63	70	209	—	4	—	23	105	82	78	292

MATERNAL MORTALITY

Three deaths ascribed to maternal causes were registered in 1956, giving a maternal mortality rate per 1,000 total (live and still) births of 0.54, compared with 0.79 in 1955. The corresponding rate for England and Wales in 1956 was 0.56. The cause of death in one case was amniotic fluid embolism and in another, pulmonary embolism and toxaemia of pregnancy. The third case was most unusual, being a woman aged 67 years. The cause of death was given as chronic nephritis due to a toxaemia of pregnancy.

INFANT MORTALITY

During 1956, 121 infants under one year of age died, 94 of them within the first month of life. The distribution of infant deaths amongst the County Districts is shown in Table I on page 13. 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 II on page 14 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 thirteen years. The rate for the County was 22.2 compared with 18.0 in 1955 which was the lowest ever recorded. The causes and sex distribution of the infant deaths registered in 1956 are set out in Table XI. Prematurity is included in "Other Defined Causes."

TABLE XI—CAUSES OF INFANT DEATHS IN URBAN AND RURAL AREAS, 1956
SUBDIVIDED ACCORDING TO SEX

CAUSE	URBAN DISTRICTS		RURAL DISTRICTS		COUNTY	
	Male	Female	Male	Female	Male	Female
Bronchitis	1	1	—	—	1	1
Pneumonia	5	3	2	2	7	5
Cancer	1	—	—	—	1	—
Gastritis, Enteritis and Diarrhoea	1	1	1	—	2	1
Congenital Malformations ...	14	3	6	2	20	5
Accidents*	—	1	—	—	—	1
Other Defined Causes ...	29	24	13	11	42	35
TOTALS	51	33	22	15	73	48

* Other than motor vehicle accidents.

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

THE LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS

Administration

The County Council as Local Health Authority established a Health Committee in accordance with the requirements of the National Health Service Act, 1946. The Health Committee in turn established the following Sub-Committees, all of which have a majority of members of the Local Health Authority or Local Sanitary Authorities :—

(a) A General Purposes Sub-Committee to deal with the development of the services and matters of administration.

(b) An Ambulance Sub-Committee.

(c) A Mental Health Sub-Committee.

(d) Four Divisional Committees. These cover the whole County, and to them is referred the day-to-day management of the following services :—

The care of mothers and young children, health visiting, home nursing, domiciliary midwifery, domestic help, vaccination and immunisation. The prevention of illness, care and after-care section of the Act is, to some extent, administered centrally.

The Divisional Committees are :—

Eastern Division	Comprising Biggleswade Urban and Rural Districts; Sandy Urban District.
Northern Division	Comprising Bedford Borough; Ampthill and Kempston Urban Districts; Ampthill and Bedford Rural Districts.
Southern Division	Comprising Dunstable Borough; Leighton Buzzard Urban District; Luton Rural District.
Luton Division	Comprising Luton Borough.

Each Divisional Committee has a medical adviser, who is designated Divisional Medical Officer. In all cases he is a Medical Officer of Health of one or more County Districts, but in his capacity as medical adviser to his Divisional Committee he has the status of Senior Assistant County Medical Officer and is on the staff of the County Medical Officer. General supervision of the Maternity and Child Welfare Services is exercised by the Senior Assistant

County Medical Officer for Maternity and Child Welfare, and the nursing services are supervised by the Chief Nursing Officer, both officers being on Headquarters staff. A full list of the Authority's senior Public Health Officers is given on pages 7 and 8.

The services provided by the County Council under the National Assistance Act, 1948, are administered by the Welfare Committee.

SECTION 21—HEALTH CENTRES

The virtual embargo on capital expenditure which was imposed during the financial year 1956/57 seems likely to continue for some years. There is, therefore, no immediate prospect of proceeding with the Farley Hill Health Centre in Luton. It must be added, too, that the situation may become complicated by reason of the fact the Local Executive Council may feel they cannot wait several years for the establishment of local general medical practitioner facilities.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care

Great success has attended the development of ante-natal services in this country. Thus some thirty years ago no less than four mothers in every 1,000 died in childbirth. Today the figure is considerably less than one. It is unfortunate that complete success has not yet been obtained. Some deaths which are regarded as preventable still occur. Most of them result from toxaemia of pregnancy which is responsible also for some stillbirths and neo-natal deaths. In an effort to prevent deaths from this cause a comprehensive scheme of ante-natal supervision with particular reference to toxaemia has been prepared by a joint committee of medical representatives of hospital, general practitioner, and Local Health Authority services.

Facilities for ante-natal care are provided by the County Council at ante-natal clinics which are conducted by experienced medical officers who see to it that a specialist opinion is obtained whenever it appears necessary. In every pregnancy, haemoglobin estimation is done. In addition, if the woman's blood has not previously been sent to a laboratory for Group, Rhesus, Kahn and Wassermann examinations, this is done. If these tests have been made, the report is obtained and no further examination of the blood is made unless there is some indication for making one.

Of the 12 clinics functioning at the end of the year, eight were held in premises rented for the purpose. Details of attendances during 1956 are given in Table XII. The number of women who attended was 206 more than in 1955 but whether this is more than a temporary halt in the decline that has been witnessed in recent years, it is too early to say. The scheme under which general practitioners carry out ante-natal examinations on behalf of the Local Health Authority continues in operation, but little use is now made of it.

TABLE XII—DETAILS OF ANTE-NATAL CLINICS IN THE COUNTY AND ATTENDANCES DURING 1956

Clinic	Medical Officers' Sessions	Midwives' Sessions*	Total number of women who attended during the year	Number of new cases seen during year	Total number of attend-ances
AMPTHILL—					
The Cedars	26	—	107	79	525
BIGGLESWADE—					
The Lawns, The Baulk	26	—	50	36	178
DUNSTABLE—					
Health Centre, Kingsway	77	—	274	202	1,422
HOUGHTON REGIS—					
Baptist Schoolroom...	25	—	26	17	146
LEIGHTON BUZZARD—					
1, Grovebury Road...	26	—	45	35	200
†LUTON—					
Dallow Road ...	51	162	664	487	1,962
Farley Hill	—	30	143	111	626
Stopsley	—	37	221	179	655
‡SHEFFORD—					
Digswell House ...	25	—	12	10	52
‡SHILLINGTON—					
Congregational Schoolroom	26	—	1	1	6
‡STOTFOLD— ...					
Unionist Club ...	23	—	9	6	34
SUNDON—					
Skefco Sports Pavilion	26	—	38	33	173
TOTALS ...	331	229	1,590	1,196	5,979

* No Medical Officer in attendance.

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

‡ Ante-natal work is only part of the activities at these clinics.

Although there are no formal arrangements, some assistance is given in rural areas to those general medical practitioners who undertake ante-natal work on their own premises. The domiciliary midwife collects two or three expectant mothers and takes them to the doctor's surgery at the time appointed for the examinations.

In addition to the medical work of the clinics, instruction in mothercraft is given, in Luton by the midwives and in the rest of the County by the health visitors. In some cases special classes are held. Also, in Bedford, Dunstable, Leighton Buzzard and Luton, birth relaxation classes are held and there seems no doubt that those who attend find them most helpful.

With regard to unmarried expectant and nursing mothers, the routine maternity facilities are available and are used, but, where it is necessary to do so, special arrangements are made for their care through voluntary Moral Welfare organisations. In Bedford itself the Bedford and County Girls' Home, with 24 places, is available, and use is also made of similar homes outside Bedfordshire. At the Bedford Home considerable ante-natal supervision is undertaken by the Home's visiting Medical Officer. All the confinements take place in the Bedford General Hospital, however.

Post-Natal Work

Separate post-natal clinics are not held, but facilities are available for mothers to be examined post-natally at ante-natal clinics. Women who feel in normal health and who suffer no discomfort do not usually take the trouble to attend and this probably explains why only 146 examinations were carried out during the year. It should be added that hospitals and general practitioners provide facilities for their own patients after confinement.

Arrangements still exist whereby women in outlying areas can be examined post-natally by general practitioners on behalf of the Local Health Authority, but only four such examinations were made during 1956.

Infant Welfare Centres

These centres are being used more and more. At the beginning of 1949 there were 48 centres in the County. By the end of 1956, this number had increased to 70 and the total attendances had increased by about 8,000. There are several reasons for their popularity amongst mothers, but amongst the foremost is the fact that sound advice may be obtained and re-assurance given.

The primary function of an infant welfare centre should, of course, be educative and the motives for attendance matter less than the fact that the mother and child derive some benefit from attendance. Careful thought is being given to the problem, with the end in view that the Health Visitor shall be able to devote as much time as possible to work of an educational character. The splendid assistance given by voluntary workers in the centres facilitates this.

TABLE XIII—DETAILS OF ATTENDANCES AT INFANT WELFARE CENTRES DURING 1956

Centre	No. of sessions per month	No. of children who attended during year				No. of attendances during year			
		Born in				Age at date of attendance			
		1956	1955	1954–51	Total	0–	1–	2–4	Total
Ampthill	4	40	41	101	182	837	316	368	1,521
Arlesey	2	50	52	49	151	777	290	186	1,253
Aspley Guise ...	2	19	19	33	71	323	128	293	744
Barton	2	26	26	43	95	369	225	154	748
Bedford —									
Barford Avenue ...	8	163	139	117	419	2,912	699	489	4,100
Brereton Road ...	8	263	188	123	574	3,623	625	383	4,631
Goldington ...	4	143	118	78	339	2,052	344	178	2,574
Queen's Park ...	4	68	52	40	160	1,403	300	140	1,843
Biggleswade ...	4	104	88	5	197	1,910	345	146	2,401
Blunham	1	8	8	13	29	65	34	63	162
Bromham	2	28	21	35	84	402	185	245	832
Caddington... ...	2	47	47	28	122	620	304	255	1,179
Clapham	4	54	46	55	155	776	360	159	1,295
Cranfield	2	36	38	69	143	477	198	332	1,007
Cranfield College ... (opened 28.2.56)	1	9	15	22	46	70	40	64	174
Dunstable	12	323	241	447	1,011	6,064	1,430	965	8,459
Eaton Bray ...	2	42	32	58	132	476	209	135	820
Eaton Socon ...	2	15	32	32	79	155	117	144	416
Elstow	4	73	58	46	177	1,617	398	152	2,167
Flitwick	4	54	39	70	163	1,012	229	490	1,731
Great Barford ...	1	7	6	10	23	61	34	47	142
Harrold	1	18	26	42	86	205	120	162	487
Haynes	2	9	9	4	22	139	65	140	344
Heath and Reach ...	2	18	20	30	68	311	120	123	554
Henlow	4	75	64	27	166	1,315	272	128	1,715
Houghton Conquest	1	7	8	31	46	72	47	75	194
Houghton Regis ...	4	48	52	87	187	1,277	336	363	1,976
Kempston	8	108	139	141	388	2,857	789	888	4,534
Kensworth	2	18	22	63	103	256	148	262	666
Langford	2	15	29	54	98	450	425	235	1,110
Leighton Buzzard ...	6	110	131	141	382	1,931	636	329	2,896
Luton —									
Beechwood ...	8	187	155	184	526	3,732	576	330	4,638
Castle Street ...	4	112	90	120	322	2,314	374	211	2,899
Dallow Road ...	4	158	140	129	427	3,319	392	166	3,877
Farley Hill ...	4	107	111	190	408	2,067	279	276	2,622
Leagrave, High Street	4	61	74	91	226	1,319	187	131	1,637
Leagrave, Marsh Road	4	134	115	128	377	3,316	544	181	4,041
Limbury... ...	8	143	129	162	434	3,015	432	253	3,700
Park Street ...	4	60	55	86	201	1,223	345	262	1,830
Round Green ...	4	87	94	129	310	2,181	332	196	2,709
St. Anne's ...	4	85	82	93	260	2,051	343	135	2,529
Stopsley ...	8	219	173	213	605	3,942	771	325	5,038
Marston Moretaine	2	16	18	36	70	241	79	151	471
Carried forward ...	165	3,367	3,042	3,655	10,064	63,534	14,422	10,710	88,666

Centre	No. of sessions per month	No. of children who attended during year				No. of attendances during year			
		Born in			Total	Age at date of attendance			Total
		1956	1955	1954–51		0–	1–	2–4	
Brought forward ...	165	3,367	3,042	3,655	10,064	63,534	14,422	10,710	88,666
Marston Shelton ...	2	12	16	22	50	197	93	175	465
Maulden	2	22	18	30	70	233	127	156	516
Potton	2	22	32	68	122	423	216	302	941
Ridgmont	2	14	26	41	81	318	114	266	698
Riseley	1	13	13	24	50	115	79	111	305
Sandy	2	36	44	69	149	557	197	383	1,137
Sharnbrook... ...	2	17	16	48	81	271	170	275	716
Shefford	4	76	64	84	224	1,497	488	641	2,626
Shillington	2	20	22	73	115	431	264	248	943
Shortstown ...	2	20	31	40	91	302	163	81	546
Slip End	2	36	37	24	97	560	228	165	953
Stevington ... ... (opened 26.1.56)	1	4	13	10	27	64	42	47	153
Stewartby	2	23	11	31	65	291	85	266	642
Stotfold	2	49	45	34	128	868	250	238	1,356
Streatley	2	34	20	57	111	481	197	166	844
Studham	2	11	15	67	93	236	149	241	626
Sundon	4	89	82	94	265	1,558	476	469	2,503
Tempsford	1	6	8	16	30	55	33	47	135
Toddington ...	4	49	45	115	209	1,147	293	292	1,732
Turvey	1	13	10	15	38	105	31	88	224
Westoning	2	11	18	45	74	236	109	165	510
Wilstead	1	3	21	19	43	114	96	56	266
Woburn	2	16	27	35	78	232	170	277	679
Wootton	2	14	23	27	64	322	173	170	665
Wrestlingworth ...	1	7	7	8	22	56	20	42	118
Wyboston	1	19	19	25	63	129	86	99	314
Wymington... ...	1	12	18	25	55	124	64	85	273
TOTALS ...	217	4,015	3,743	4,801	12,559	74,456	18,835	16,261	109,552

One major difficulty in rural areas is to obtain suitable premises in which to hold centres once or twice a month. Sometimes all the activities have to be carried out in one room and education in such circumstances is far from easy.

A Health Visitor is present at each session and a doctor attends at regular intervals, depending on the size of the centre. No consultant or other special clinics are provided for young children by the Authority, but appropriate steps are taken to see that they obtain whatever treatment is required. Thus, some children are referred to the family doctor, while others use the facilities provided at the school clinics for speech therapy, child guidance, etc. No assistance is given to general practitioners holding clinics on their own premises. Table XIII gives details of attendances at the Infant Welfare Centres during the year.

In rural areas, one clinic often serves two or more villages. In some areas where a convenient public service is not available, transport is provided by the Authority.

Premature Births

All infants weighing 5½ lbs. or less at birth are regarded as being premature, irrespective of the period of gestation. Details of the premature live births notified in the County during the year (as adjusted by transferred notifications) are given in Table XIV. The total of 377 represented 6.9 per cent of notified live births in 1956. Of the 377, 57 or 15.1 per cent, died within 28 days. There were 57 premature stillbirths notified, representing 45.2 per cent of all notified stillbirths.

Premature babies need the most skilled attention if they are to survive. To this end, the Authority have available for use when required special cots, together with appropriate equipment. Where it is necessary for a premature baby to be admitted to hospital, arrangements have been made for nursing care *en route* and the equipment required for such a journey has been provided.

The Unmarried Mother and Her Child

As already mentioned, the routine maternity facilities provided by the Authority are available to and are used by unmarried expectant and nursing mothers. Additional care, to the extent that is necessary, is provided for unmarried mothers and their babies by Diocesan bodies. Thus, the St. Albans Diocesan Council for Moral Welfare provides an outdoor welfare service covering the whole County and in addition provides and maintains two Homes, one in Bedford and one in Luton. The Local Health Authority make substantial grants towards the costs incurred in providing these services. Of the 77 unmarried mothers admitted to the Bedford Home during 1956, 17 were resident in the County. The average length of stay before confinement was 31 days and after the lying-in period, 29 days.

The Northampton Diocesan Catholic Child Protection and Welfare Society engages in outdoor social work and makes arrangements for unmarried mothers to be admitted to suitable homes.

Under the Authority's scheme, 32 Bedfordshire cases were admitted to homes outside the County during 1956. The arrangements whereby health visitors co-operate with voluntary association workers and hospital almoners in the care of illegitimate children were continued.

Table XIV—Number of Premature Births Notified in the County during 1956, showing Where Born and Nursed, and subdivided 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										
		3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	TOTAL	3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	TOTAL	3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	TOTAL	
Died in first 24 hours ...	7	2	3	—	—	5	1	—	—	1	2	12	8	2	5	27	34
Died on 2nd day to 28th day	1	—	—	—	—	—	—	—	—	1	1	9	9	1	3	22	23
Survived 28 days	100	1	8	16	62	87	3	3	3	4	13	9	41	57	113	220	320
Total	108	3	11	16	62	92	4	3	3	6	16	30	58	60	121	269	377

Birth Control

There are 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. The Clinics are at Bedford, Dunstable and Luton. Details of the patients seen are given in Table XV.

TABLE XV—ATTENDANCES AT BIRTH CONTROL CLINICS, 1956

	Number of women who attended for the first time	Total number of women who attended	Total number of attendances
Bedford, Barford Avenue ...	73	254	450
Dunstable	37	131	259
Luton, Beechwood Health Centre	194	748	896
TOTALS ...	304	1,133	1,605

Day Nurseries

It is generally accepted that normally the best place for a young child is at home, preferably with his mother. Circumstances sometimes arise, however, when it is in the child's interest that daily care of some other kind should be provided for him. It may be that there are relatives able and willing to care for him, but there are cases in which the only reasonable solution is the admission of the child to a day nursery. In Bedfordshire, five day nurseries are provided by the County Council and the criteria for admission are:—

(1) The mother is obliged to work. This arises most frequently in the case of widows, wives whose husbands are suffering from prolonged illness, wives separated from their husbands, and single mothers.

(2) There is no mother available to care for the family and the father is working and caring for the children as best he can.

(3) The home environment is bad and the child is suffering thereby.

(4) Other reasons such as low family income and heavy expenses.

Responsibility for admitting a child to a day nursery lies with the Divisional Committees and a charge is made according to the family's means.

Children from the eastern part of the County are admitted to a Nursery at Letchworth, by arrangement with the Hertfordshire County Council. From time to time a Buckinghamshire child is admitted to the Leighton Buzzard Nursery.

Details of accommodation and average attendance at the five day nurseries are given in Table XVI. Nursery students are trained at four of the nurseries, as indicated in the Table.

The unsuitability of the premises housing the Bedford nursery has been a matter for concern for a very long time and plans were made to build a new 40-place nursery. The project is, however, held up indefinitely by the embargo on capital expenditure. The premises are not now held under requisition, but under the terms of a lease which was negotiated during the year.

The Nurseries and Child-Minders Regulation Act, 1948, requires the Local Health Authority to register premises, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days. Also, persons who for reward receive into their homes more than two children under the age of five to be similarly looked after must be registered. At the end of the year, one nursery providing for 25 children, and seven daily minders providing in all for 56 children, were so registered.

At no time during the year were there any daily minders receiving fees from the Authority under Section 22 of the National Health Service Act.

TABLE XVI—ACCOMMODATION AND AVERAGE DAILY ATTENDANCE AT THE DAY NURSERIES IN 1956

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	
	Under 2	Years 2–5	Under 2	Years 2–5	Under 2	Years 2-5
BEDFORD—						
34, St. John's Street	25	25	10	32	12	23
LEIGHTON BUZZARD—						
Bassett Road* ...	10	28	6	20	4	15
LUTON—						
Alder Crescent* ...	20	30	16	19	10	19
Manor Road* ...	16	34	9	40	5	30
Stopsley*	16	24	11	34	7	23

* Training Nursery.

Children in Care

The provision of residential homes and nurseries for children is a responsibility of the Care of Children Committee, the services of the Health Department's medical staff being utilised as and when required. Regular visits are paid to the homes to ensure that everything is in order from a health point of view.

The Health Department also arranges for children who are boarded-out to be medically examined in accordance with Home Office Regulations. The usual practice is for the examinations to be carried out by the general practitioner who attends the household.

Dental Care

Under the National Health Service Act, 1946, priority in dental treatment is given to expectant and nursing mothers, and children. This treatment is provided free of charge. In Bedfordshire, the Local Health Authority provide facilities for the dental care of these classes in conjunction with the School Dental Service.

Regular sessions are held at Biggleswade, Dunstable and Leighton Buzzard. Cases residing in the Bedford district are seen at the St. Peter's Clinic by appointment. The continued lack of a dental officer in Luton meant that only occasional emergency work was possible during 1956. In the rural areas, some mothers and children receive treatment at the mobile dental surgeries which visit certain village schools. Details of the work done are given in Table XVII.

Full treatment is given to all patients who come forward and this includes the provision of dentures. In 1956 the arrangements continued for dentures to be processed by a private dental laboratory. X-ray units are installed at Bedford (St. Peter's), Biggleswade and Dunstable. The last-mentioned unit also serves the Leighton Buzzard clinic.

The local Hospital Service has recently introduced a Dental Specialist Service for certain types of treatment such as the removal of dental cysts, impacted teeth and buried teeth. Cases which were previously referred to the London dental hospitals are now referred to the hospitals in Bedford and Luton in the knowledge that adequate facilities are available.

Shortage of staff continues to be a problem and hinders the extension and development of this important part of the Authority's service. Unfortunately, there seems to be no prospect of improvement for a considerable time. For some years past, the number of dentists in the country has barely been maintained and it is estimated that of those now in practice more than half are over 55 years of age. To obtain any real improvement in the present state of affairs, between 800 and 900 students are needed to begin training each year. The average annual intake from 1950 to 1956 was 513.

TABLE XVII—DETAILS OF WORK DONE AT DENTAL CLINICS DURING 1956

(a) Numbers provided with Dental Care

	Examined	Needing Treatment	Treated
BEDFORD—			
Mothers	23	23	21
Infants	97	86	77
BIGGLESWADE—			
Mothers	4	4	4
Infants	1	1	1
DUNSTABLE—			
Mothers	83	82	82
Infants	120	120	120
LEIGHTON BUZZARD—			
Mothers	27	27	27
Infants	87	87	87
LUTON—			
Mothers	—	—	—
Infants	45	45	45
TOTALS: Mothers ...	137	136	134
Infants ...	350	339	330

(b) Forms of Dental Treatment provided

	Extractions (teeth)	General Anaesthetics	Fillings	Scalings and gum treatment	Silver nitrate treatment	Crowns or Inlays provided	Radiographs	Dentures provided: Full upper or lower	Dentures provided: Partial upper or lower
BEDFORD—									
Mothers	94	3	54	13	—	—	1	5	5
Infants	65	6	93	—	—	—	—	—	—
BIGGLESWADE—									
Mothers	—	—	—	—	—	12	—	1	1
Infants	4	1	—	—	—	—	—	—	—
DUNSTABLE—									
Mothers	229	104	186	61	1	1	13	28	25
Infants	123	94	46	1	—	—	—	—	—
LEIGHTON BUZZARD—									
Mothers	89	25	6	60	2	—	—	6	6
Infants	89	39	5	23	72	—	—	—	—
LUTON—									
Mothers	—	—	—	—	—	—	—	—	—
Infants	54	45	8	—	—	—	—	—	—
TOTALS: Mothers ...	412	132	246	134	3	13	14	40	37
Infants ...	335	185	152	24	72	—	—	—	—

Welfare Foods

The term " Welfare Foods " embraces national dried milk, orange juice, cod liver oil and vitamin A and D tablets. The supply of these foods was taken over by the County Council in July 1954 and the arrangements then made have continued to function smoothly. In addition to seven major distribution centres at Ampthill, Bedford, Biggleswade, Dunstable, Leighton Buzzard, Luton and Sandy, there were, at the end of the year, 108 minor centres. These minor centres are located at infant welfare centres, village halls, etc., and are mainly manned by volunteers. The Authority are greatly indebted to the W.V.S. for their assistance in this important work.

Every endeavour is made to ensure that families living in the more isolated parts of the County receive welfare foods. This is not always easy and some villages are still without a distribution centre. In a small number of cases where it is impracticable for a mother to get to a centre, national dried milk is sent by post.

In addition to the welfare foods already mentioned, infant welfare centres supply a variety of other dried milks and nutrients at cost price. Iron and other tablets are issued free of charge.

SECTION 23—MIDWIVES SERVICE

In Bedfordshire, the domiciliary midwifery service is provided directly by the County Council. In the Bedford and Luton Boroughs whole-time midwives are employed, but in the remainder of the County midwives undertake home nursing as well. In three instances the midwives are trained health visitors and carry out comprehensive duties, i.e. midwifery, home nursing, health visiting and school health work. At the 31st December, 1956, the staff comprised 16 whole-time midwives, 36 nurse-midwives and three health visitor-nurse-midwives. Non-medical supervision is carried out by the Chief Nursing Officer, assisted by the Divisional Nursing Officer in Luton and by the Assistant Supervisor of Midwives and Home Nurses in the remainder of the County. Supervision of domiciliary midwives not employed by the Local Health Authority and of midwives in Nursing Homes is undertaken in accordance with the rules of the Central Midwives Board. At the end of the year there were three of the former and four of the latter practising in the County.

Ante-natal supervision by midwives is carried out in accordance with the rules of the Central Midwives Board and in addition every expectant mother is normally seen at least twice by a doctor during the ante-natal period. In Luton, midwives' ante-natal clinics are held regularly at a central clinic. In the remainder of the County all ante-natal supervision by midwives is undertaken in the patients' homes. Maternity outfits are supplied free in all domiciliary cases.

The number of deliveries attended by midwives in the County during 1956 is given in Table XVIII. The number of cases delivered in hospital and discharged into the care of domiciliary midwives before the fourteenth day increased from 121 in 1955 to 348 in 1956. Early discharges from the Luton and Dunstable Hospital were responsible for most of the increase. 38.4 per cent of all notified Bedfordshire births (live and still) in 1956 were domiciliary compared with 38.3 in 1955 and 36.5 in 1954.

During 1956, ten midwives attended refresher courses organised by the Royal College of Midwives.

TABLE XVIII—NUMBER OF DELIVERIES ATTENDED BY MIDWIVES DURING 1956, SHOWING NUMBER OF CASES IN WHICH DOCTOR WAS PRESENT

	Domiciliary Cases					Cases in Institutions
	Doctor not booked		Doctor booked		Total	
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present		
Midwives employed by County Council	25	281	552	1,253	2,111	—
Midwives employed by Hospital Management Committees ...	—	—	—	—	—	2,336
Midwives in Private Practice (including Nursing Homes)	—	—	2	—	2	171
TOTALS	25	281	554	1,253	2,113	2,507

Analgesia in Childbirth

All the midwives employed by the Authority are qualified to adminster gas and air analgesia and 52 sets of apparatus were in use at the end of the year. The midwives are also supplied with pethidine. Trilene is not used. It may be said that, in the normal course of events, analgesia is available to every woman attended by the Council's midwives.

During the year, of the 1,534 women delivered by the Council's midwives without a doctor being present, 1,293 or 84.3 per cent, received gas and air analgesia. Of the 577 cases where a doctor was present at the delivery, 489 or 84.7 per cent, received gas and air. Pethidine was administered by the midwives to 398 women when a doctor was present and to 952 when no doctor was present.

SECTION 24—HEALTH VISITING

For many years, health visitors have devoted their energies primarily to the welfare of mothers and children. Now, the scope of their duties is being gradually extended. They are accepted as friends and advisers by the vast majority of the people with whom they come in contact and generally they are well qualified to carry out work of a medico-social nature in the homes.

Much attention is being paid at the present time to the prevention of the break-up of families and in this work the key person is the health visitor. When she becomes aware of the difficulties of a family she does what she herself can to remove those difficulties. If she feels that she cannot resolve them, she calls on officers from other services to play a part. If this does not achieve results, the problem is placed before the Divisional Medical Officer who considers the facts and then invites to a conference all who may be able to assist in finding a solution. Work of this kind is very time-consuming and the results are seldom spectacular, but even occasional and partial success is important. By it much unhappiness is prevented and, incidentally, heavy expenditure of public money avoided.

At the 31st December, 1956, there were 32 qualified health visitors employed by the Authority. Two were doing full-time health visiting, 27 combined health visiting with school nursing, and three were combining health visiting with midwifery, home nursing and school nursing. In addition, in Luton it has been necessary to make use of some nurses not trained as Health Visitors.

During the year, 16,270 families were visited and nearly 21,000 children under five years of age were seen in their homes. Further particulars of the visits paid by the Council's Health Visitors during the year are given below :—

	First Visits	*Total Visits*
Expectant mothers ..	1,028	1,607
Children under 1 year ..	5,384	27,242
Children between 1 and 2		12,006
Children between 2 and 5		26,423
Other cases		3,699

The total number of attendances made by Health Visitors at clinic sessions during the year was 3,855.

In accordance with the recommendation of the Rushcliffe Committee, five Health Visitors attended approved courses in 1956.

SECTION 25—HOME NURSING

The County Council make direct provision of a Home Nursing Service. The nurses deal with any emergency to which they may be called but the general practice is for them to place on their lists only patients referred to them by the general medical practitioners under whose direction they work. Patients on discharge from

hospital are referred to their own doctors, from whom the nurses take instructions. Occasionally, however, it is necessary for reference to be made both to doctor and to nurse. Message forms are left at the patient's home to facilitate interchange of information between doctor and nurse. No all-night service is provided, but the nurses are available for night calls if required urgently.

The nurses are subjected to a considerable pressure of work, and this is particularly so in urban areas. The increased use of antibiotics given by injection partly accounts for this, but there are increasing calls for nursing assistance to the aged. Thus of the 7,534 patients attended in 1956, 2,731 were 65 years of age or over. The average number of visits paid to old people was 36, compared with 14 in the case of patients under 65 years of age.

At the 31st December, 1956, there were, in addition to the 36 nurse-midwives and three health visitor-nurse-midwives already mentioned, 32 full-time nurses of whom four were men. There were also two part-time home nurses.

The numbers of patients in various categories who were attended during the year are shown below, together with the number of visits paid.

Type of Case	*No of Cases*	*No. of Visits*
Medical	5,389	128,853
Surgical	1,193	28,288
Infectious Disease ..	2	12
Tuberculosis	180	6,453
Maternal Complications	40	369
Others	730	1,905
TOTALS ..	7,534	165,880

The Queen's Institute of District Nursing arranges refresher courses for District Nurses. Two nurses attended such courses in 1956.

SECTION 26—VACCINATION AND IMMUNISATION

Smallpox Vaccination

Smallpox has been virtually eradicated in this country, but it is still present in Eastern countries and there is always a risk that the disease may re-appear here, brought into the country either by someone who is infected or by material, such as raw cotton. Protection against smallpox is provided by vaccination in infancy and re-vaccination in later years. In Bedfordshire all vaccination against smallpox under the Scheme is undertaken by general practitioners.

Table XIX shows the number of persons vaccinated for the first time during 1956 in each of the Divisions. There was an increase of 202 over the figure for 1955. There has been a gradual increase in the number of infants vaccinated from 16.0 per cent of births registered in 1950 to 26.8 per cent of births registered in 1956. The proportion is, however, still far too small. During 1956, 676 persons were re-vaccinated.

TABLE XIX—NUMBER OF PERSONS IN EACH DIVISION VACCINATED FOR THE FIRST TIME DURING 1956, SUBDIVIDED ACCORDING TO AGE

Age at date of vaccination	DIVISION				Totals
	Northern	Southern	Eastern	Luton	
Under 1 year ...	651	253	57	500	1,461
1–4 years	77	25	86	82	270
5–14 years	55	17	6	63	141
Over 14 years ...	95	37	22	113	267
TOTALS ...	878	332	171	758	2,139

Diphtheria Immunisation

That there has not been a case of diphtheria in Bedfordshire since 1951 is a tribute to the effectiveness of diphtheria immunisation. The importance of the matter is being continually stressed and mothers are urged to take their babies either to the family doctor or to the infant welfare centre to be immunised. In a great many cases immunisation is now being combined with protection against whooping cough. Immunisation of schoolchildren is arranged through the schools.

After about five years the protection given by immunisation falls below a safe level. For this reason a " booster " injection is normally given when the child enters school at the age of five; again between the eighth and ninth birthdays; and lastly between the 12th and 13th birthdays.

To make it virtually certain that outbreaks of diphtheria will not occur, at least 75 per cent of children under 15 years should be effectively immunised, i.e., they should have received some protection within the last five years. The percentage of the child population thus protected is referred to as the " immunity index." As will as will be seen from Table XX, the immunity index for the age-group 1—4 years at the end of 1956 was 68.7, but only 58.1 for the age-group 5—14 years. The corresponding figures for the previous year were 72.1 and 61.7 Table XXI shows the number of children immunised during 1956. Whilst the number of primary immunisations increased by 200, the number of "booster " injections fell by 300.

TABLE XX—NUMBER OF CHILDREN IN THE COUNTY KNOWN TO HAVE COMPLETED A FULL COURSE OF IMMUNISATION BY 31ST DECEMBER, 1956, SUBDIVIDED ACCORDING TO THE AGE AT THAT DATE

Age at 31.12.56	Under 1	1–4	5–9	10–14	Total Under 15
Last complete course of injections (whether primary or booster):					
1952–1956	492	13,040	20,033	9,213	42,778
1951 or earlier ...	—	—	414	10,724	14,838
Estimated mid-year child population	5,210	18,990	50,330		74,500
Immunity Index	9.4	68.7	58.1		57.4

TABLE XXI—NUMBER OF CHILDREN WHO RECEIVED A FULL COURSE OF PRIMARY DIPHTHERIA IMMUNISATION IN 1956, SUBDIVIDED ACCORDING TO AGE AT DATE OF FINAL INJECTION, TOGETHER WITH NUMBER OF CHILDREN IN VARIOUS AGE GROUPS WHO RECEIVED "BOOSTER" INJECTIONS

	AGE			Total
	Under 1	1–4	5–14	
Primary Immunisation	2,381	1,433	610	4,424
"Booster" Injections...	—	192	5,274	5,466

Protection Against Whooping Cough

Since the 1st November, 1954, the Authority have provided facilities for protection against whooping cough to children under the age of two years who have not suffered from the disease, and whose parents make a request for such protection. The vaccine is given alone or in combination with diphtheria prophylactic. It will be seen from the figures in Table XXII that in the vast majority of cases the combined prophylactic is preferred. As far as is known only 29 cases of whooping cough in 1956 occurred in children who had received a full course of injections.

TABLE XXII—NUMBER OF CHILDREN PROTECTED AGAINST WHOOPING COUGH ALONE OR IN CONJUNCTION WITH DIPHTHERIA IMMUNISATION DURING 1956, SUBDIVIDED ACCORDING TO AGE ON COMPLETION

	AGE							Total
	0–	1–	2–	3–	4–	5–9	10–14	
Combined with Diphtheria Immunisation...	2,107	867	151	40	25	46	1	3,237
Alone	12	54	28	17	13	16	1	141
TOTAL	2,119	921	179	57	38	62	2	3,378

Poliomyelitis Vaccination

At the beginning of the year, the Ministry of Health announced that a vaccine against poliomyelitis was to be made available to local health authorities. The County Council decided to avail themselves of the offer and the scheme under Section 26 was amended accordingly.

As only a limited quantity of vaccine was to be made available and that for use only during May and June, the Ministry stipulated which groups of children should receive it. As a first step, parents were invited to register for vaccination children born between 1947 and 1954. For administrative convenience, the work was done by the Divisional offices and altogether 11,970 children were registered, about 30 per cent of those eligible. The method of vaccination is to give two injections at an interval of not less than three weeks. In May the first batch of vaccine was received with instructions to give a first injection to those registered children who were born in November in each of the years 1947 to 1954 and those born in March in each of the years 1951 to 1954. In the event of any material being left over it was to be used for children born in August 1947 to 1954. A few weeks later sufficient vaccine was received to give most of these children their second injection. Sufficient vaccine to give the remaining second injections was received in November. There were 2,041 children registered in the selected months, but only 1,237 were available for vaccination. Of these, 1,183 received two injections and 54 received one. Vaccination of the remaining registered children is proceeding at the present time.

SECTION 27—AMBULANCE SERVICE

The Authority make direct provision of an ambulance service for the whole of Bedfordshire except 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. With regard to the former, the position in the Leighton Buzzard/Linslade area was reviewed both by elected representatives and by officers of the two Authorities.

Communications presented a difficulty but there was no evidence that the service had been inadequate.

Radio-telephones are installed in all vehicles and radio control centres are situated at the Luton and Kempston depots. In the south the Dunstable depot is linked with Luton, and in the north the Ampthill and Biggleswade depots are linked with Kempston. The system works well. The building of a new depot in Luton commenced during the year and has just been completed.

At the 31st December, 1956, the total ambulance personnel directly employed numbered 72. It comprised one superintendent, one maintenance officer, five station officers, two deputy station officers and 63 driver-attendants. A valuable re-inforcement to the service is received 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 did 164,663 miles in carrying out 2,544 journeys for the Authority. Car Hire Services were employed to convey patients to and from the Chest Clinic in Bedford, and 11,090 miles were travelled on 424 journeys. Wherever possible patients who have to travel long distances are sent by train. This was done on 92 occasions during the year, 13 of the patients being stretcher cases. It is pleasing to record that the arrangements made for the patients by British Railways are most satisfactory.

Table XXIII shows the number of journeys made and miles travelled by vehicles at each of the five depots during 1956. The total mileage shown includes 9,109 miles travelled on behalf of other authorities. Table XXIV shows the total mileages travelled in the years 1952—1956 in providing an ambulance service for Bedfordshire, and includes mileages recorded by other Ambulance Services acting on the Council's behalf.

TABLE XXIII—DETAILS OF WORK DONE BY THE COUNTY AMBULANCE DEPOTS, 1956

Depot	Class of Vehicle	County Journeys	Out of County Journeys	Total No. of Journeys	Total Number of Miles Travelled	
Bedford	Ambulances ...	3,072	179	3,251	109,056	
	Sitting-case Cars	1,156	9	1,165	55,564	
						164,620
Biggleswade	Ambulances ...	939	595	1,534	55,197	
	Sitting-case Cars	895	248	1,143	38,688	
						93,885
Ampthill ...	Ambulances ...	1,181	130	1,311	52,604	
	Sitting-case Cars	1,046	65	1,111	48,498	
						101,102
Dunstable...	Ambulances ...	1,757	165	1,922	61,696	
	Sitting-case Cars	729	103	832	26,697	
						88,393
Luton ...	Ambulances ...	4,027	209	4,236	95,182	
	Sitting-case Cars	55	272	327	28,068	
						123,250
	Totals ...	14,857	1,975	16,832		571,250

TABLE XXIV—MILES TRAVELLED IN PROVIDING AMBULANCE SERVICE FOR BEDFORDSHIRE, 1952–56

Work done by	1952	1953	1954	1955	1956
County Council Depots* ...	583,556	584,857	588,780	585,865	562,141
Hospital Car Service	105,990	121,948	137,014	156,179	164,663
Car Hire Services	30,943	33,920	23,819	15,504	11,090
Bucks. C.C. (Linslade Depot) ...	35,523	37,528	37,525	34,930	35,020
Rushden Ambulance	6,363	4,227	4,308	4,268	3,060
Other Authorities	13,530	11,363	12,751	13,998	16,390
TOTALS	775,905	793,843	804,197	810,744	792,364

* Excluding mileage travelled on behalf of other Authorities.

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis

In the case of tuberculosis, the Authority'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. Six Tuberculosis Visitors and two Welfare Officers are employed full-time by the Authority.

In appropriate cases extra nourishment in the form of milk and eggs is provided and 287 patients benefited in this way during 1956. Tuberculous patients being nursed at home also receive domestic help if required, and 30 persons were so assisted during the year. Beds, bedding and shelters are available, in addition to medical comforts. At the end of the year 66 tuberculous patients were receiving occupational therapy at home.

Arrangements exist with settlements for the reception of suitable patients. When they are sufficiently recovered to embark on rehabilitation the County Council accept financial responsibility for their maintenance. At the end of the year there was one patient in Papworth Village Settlement and none at Preston Hall.

As part of the scheme for prevention, arrangements are made, where necessary, to provide boarding-out accommodation for the children of infectious persons, but the need did not arise during 1956.

The Authority have made arrangements under Section 28 for B.C.G. vaccination of contacts of tuberculous persons. During the

year, 407 contacts were vaccinated. In addition, 28 members of hospital staff received protection. Where the contact is a new-born baby of tuberculous parents, there is a scheme whereby it is segregated prior to receiving B.C.G. vaccination. The necessity for this only arose on one occasion during the year. Commencing in 1957, 13-year old schoolchildren will be offered B.C.G. vaccination under the scheme approved by the Authority.

Other Types of Illness

For the care and after-care of the non-tuberculous sick being nursed at home, the Authority provide, where required, medical comforts, domestic help and occupational therapy.

Medical Comforts

The Authority provide certain articles and apparatus on loan when required by sick persons for continuous use in their homes. This is mainly done indirectly through the British Red Cross Society and the St. John Ambulance Brigade who, between them, were operating 24 Medical Comforts Depots in the County at the end of the year.

Convalescence

The Local Health Authority have a scheme for the provision of such convalescent facilities as lie outside the scope of the Regional Hospital Board. During 1956, nine adults and seven children were sent away under this scheme.

Occupational Therapy

There is a fairly common misconception that occupational therapy is merely a means of providing homebound patients with craft work for the purpose of occupying their time. This is a very restricted view. Occupational therapy is that form of treatment which includes any occupation, mental or physical, definitely prescribed and guided for the distinct purpose of contributing to and hastening the recovery from disease or injury, and of assisting in social and environmental adjustment of individuals requiring long and indefinite periods of treatment.

In some cases, it is true, patients are encouraged to do craft work as part of a general treatment. This is good for their morale and helps to create a mental attitude that is conducive to recovery. With such patients it is important to ensure, as far as possible, that the craft does not become a mere mechanical routine and interest must be maintained by varying the occupation from time to time. Unfortunately the time required to give instruction in new crafts is often more than can be spared.

In Bedfordshire, emphasis is now being placed more and more on rehabilitation. This takes various forms. Thus, for those who are suffering from a temporary physical disability, the aim is to restore full muscular movement. Where the patient has a permanent physical disability, he is assisted to overcome it so that he may become independent as far as possible. With mental patients, the aim is to enable them to once again take their places as normal members of the community.

Patients are referred by hospitals, general practitioners, welfare officers and mental health workers. In all cases a medical certificate is required. Patients who are given craft work to do receive an initial gift of materials to the value of 16s. 0d.

During the year, two occupational therapists continued to be employed, one in the south of the County and the other in the north. At the 31st December, 1956, 198 patients were being attended at home. They were in the following categories :—

Respiratory tuberculosis	60
Non-respiratory tuberculosis	6
Other respiratory diseases	9
Heart diseases	6
Other circulatory diseases	2
Diseases of the central nervous system ..	44
Malignant growths	5
Arthritis	28
Other diseases of bone and joint	4
Mental illness	12
Others	22

In addition to domiciliary patients, fortnightly visits are paid to seven of the Welfare Committee's homes, to Heathwood Hostel, and to Ampthill Park House. At these places instruction in handicrafts and recreational activities is given.

Health Education

Every member of the Health Department staff who has contact with the public is a health educator to some degree and the most effective results are achieved when all work together as a team. Thus, medical officers, health visitors, mental health workers, etc., all play their part as well as the Health Education Officer. Much of the work is of a routine nature and is done by personal contact both in the home and in the clinic.

In Luton, health education is undertaken by the Borough Health Committee, the Local Health Authority contributing 50 per cent of the expenditure incurred. Health education was carried on continuously during the year in one form or another.

Home Safety continued to receive attention and the Health Education Officer gave several talks on the subject to various organisations. Early in the year, a voluntary Home Safety Com-

mittee was formed in Biggleswade and the Health Education Officer was appointed to it. The local press are most co-operative in drawing attention to the need for taking greater care in the home.

In the *Food Hygiene* field, the Department is always willing to supplement in any way it can the activities of the Local Sanitary Authorities. Assistance was given during the year to both the Ampthill and Sandy Divisions of the St. John Ambulance Brigade in connection with courses they organised for food handlers.

Altogether, 46 film shows and 23 talks were given by the Health Education Officer during the year. In addition, talks were given to various organisations by other members of the staff.

SECTION 29—DOMESTIC HELP SERVICE

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. This service meets a great social need and, by enabling a great many people to remain in their own homes, reduces the pressure on hospital accommodation. A charge is made, this being based on the family income and liabilities. The Local Health Authority have fixed the total number of hours of assistance to be given during the year and, so far, they have proved to be adequate.

Following the receipt of Ministry of Health Circular 27/54 on the " Prevention of Break-up of Families," the Authority considered the special circumstances of problem families. In some instances difficulties arise on account of the fecklessness of the mother. Such a mother needs instruction in housecraft, including the proper spending of whatever money is available and a specially selected home help can do much in this direction.

It was also decided to provide a Sitters-up scheme to cover the whole County. Sitters-up may be defined as individuals who undertake to be present in the homes of other people during the night for the purpose of rendering assistance of a personal nature to individuals who through age or illness need such assistance and cannot otherwise secure it.

At the end of the year 28 full-time and 188 part-time Home Helps were employed, under the supervision of three Organisers. The number of cases where domestic help was provided during the year was:—

Maternity	383
Tuberculosis	30
Chronic sick (including aged and infirm)	1,003
Others	326
Total	1,742

Also, at the end of the year, six sitters-up were employed.

SECTION 51—MENTAL HEALTH SERVICE

Administration

A Mental Health Sub-Committee is responsible to the Health Committee for the organisation and conduct of the Authority's mental health and mental deficiency services. There are 16 members, of whom 14 are members of the County Council and two are individuals with special knowledge of and interest in mental health. The Sub-Committee includes in its number persons who are members of Hospital Management Committees, the Local Executive Council, and the Local Medical Committee.

Meetings are held quarterly, and more frequently if necessary. Sub-Committees are appointed from time to time to deal with special matters, such as staffing appointments and the inspection of proposed new premises, and these sub-committees meet as required. In addition, the two Occupation Centres are visited monthly by two members of the Sub-Committee.

Co-ordination of the work of the Local Health and Hospital Authorities is largely achieved by the actual membership of these bodies, but much is done at officer level. There is no formal joint user of officers in the sense that financial arrangements to that end have been made, and present experience is that there is no need for such arrangements.

The Authority have not found it necessary or desirable to delegate any of their duties to voluntary associations, but use is made of convalescent facilities provided by the Mental After-Care Association, and of holiday homes supervised by the National Association for Mental Health.

Supervision of mental hospital patients on trial is not carried out by this Authority's workers except in a very few cases. On behalf of the Hospitals concerned, defectives on licence are supervised and reports are made on home circumstances for the information of the Visitors in accordance with Section 11 of the Mental Deficiency Act, 1913.

The staff consists of:—

The County Medical Officer of Health.
The Deputy County Medical Officer of Health.
1 Senior Mental Health Worker—male—who is a qualified Psychiatric Social Worker.
5 Mental Health Workers—all male—one of whom is a qualified Psychiatric Social Worker. Another is being trained in Mental Health social work under the guidance of the Senior Mental Health Worker. The latter and the five Mental Health Workers are all Duly Authorised Officers for the purposes of the Lunacy and Mental Treatment Acts and also authorised to present Petitions under the Mental Deficiency Acts.
1 Home Teacher for defectives.
2 Occupation Centre Supervisors (trained).

2 Assistant Occupation Centre Supervisors (1 trained, 1 untrained).
1 General Assistant (appointed 28.5.1956).
2 Cooks (part-time).
2 Caretakers (part-time).
3 Clerical Assistants.

Assistant Medical Officers take part in the ascertainment of mental defectives.

During the year, one of the Mental Health Workers, Mr. E. F. K. King who was, in October, 1955, seconded for the purpose of taking a year's course in Psychiatric Social Work at Manchester University, successfully completed the course and returned to duty. There is no doubt that these courses are of inestimable value to the Service. They afford the officer the opportunity of gaining a far deeper insight into the difficulties of the patients referred to him, and, equally important, into his own reactions to them, and thereby give him the ability to help in cases of far greater complexity than would otherwise be possible.

Mr. B. G. Garner, the Mental Health Worker who is undergoing in-service training is progressing satisfactorily. This in-service training which was started in 1953 as an experiment to meet and overcome the then impossibility of recruiting trained or experienced staff, has proved well worth while. Nevertheless, it is very doubtful if, in the field of mental health, such training can ever be a fully adequate substitute for a properly planned and constituted course of training under an independent training body. No such course of training (other than a full time University Course in Psychiatric Social Work) yet exists for Mental Health Workers. It is a matter which has been considered by the Royal Commission on the Law relating to Mental Illness and Mental Deficiency, and by the Working Party on the Training and Recruitment of Social Workers in Local Authority Health and Welfare Services whose reports are now awaited.

Mental Illness

Some account has been given elsewhere in the Report of the work done in connection with after-care and the provision of convalescent and holiday home facilities. In the general field of mental illness there were 635 referrals during the year from the following sources:—

General Practitioners	339
Relatives of patients	53
General Hospitals	45
Police	45
Welfare Department	32
Three Counties Hospital	26
Probation Officers	12
Patients themselves	11
Other Mental Hospitals	7
Health Visitors	4
Other sources	61

The reasons for referral are extremely varied. They range from the mild anxiety state with considerable insight, to the florid psychosis with complete lack of insight—from the patient who is willing, even eager to receive help in any form suggested to him, to the patient who is resentful of " interference," obstructive, or even physically violent towards any effort to help him in any way. Mental illness presents itself in many forms. It may even appear in the guise of a physical disorder, but usually it leads to referral only when the patient becomes *socially* ineffective—unable to carry on normal work, unable to maintain satisfactory human relationships, or frankly anti-social. Table XXV below gives the sex-age distribution of referrals during 1956.

TABLE XXV—SEX-AGE DISTRIBUTION OF PERSONS SUFFERING FROM MENTAL ILLNESS REFERRED TO THE AUTHORITY IN 1956

	Age							Totals
	Under 21	21–30	31–40	41–50	51–60	61–70	71 and over	
Males	17	34	63	56	33	29	60	292
Females... ...	11	38	77	58	45	42	72	343
Totals	28	72	140	114	78	71	132	635

Once more it will be noted that nearly one third of all referrals were in respect of persons over 60 years of age. A close liaison is maintained with the Welfare Department and the General Hospitals' Geriatric Consultants in these cases and every endeavour is made to avoid certification. It is frequently said that old people should not be admitted to mental hospitals and where such a course can be avoided, this contention would be accepted. It must however be remembered that at present it is only in mental hospitals that there are facilities for the protection of such patients from the dangers which they create for themselves—wandering, fire, turning on gas taps, etc. Because many of them need considerable supervision, they cannot be managed in Homes provided by the Council under Part III of the National Assistance Act and others are too disturbed for admission to chronic sick hospitals. In default of a special unit for this type of case, the only possibility is admission to a mental hospital. It is to the good that active treatment in such a hospital can and frequently does lead to a remission of symptoms and the fitness of the patient to return, at least for a time, to normal life. Such return is, however, frequently rendered impossible by the relatives' inability or unwillingness to resume responsibility.

Whenever the circumstances of the referral make it possible, the social factors contributing to the breakdown are fully investigated. In a number of cases it is possible to relieve the situation simply by adjustment in this sphere, though this frequently takes a great

deal of time. Where the problem is more difficult to resolve, full use is made of referral to Psychiatric Out-Patient Clinics and, where appropriate, Child Guidance Clinics. Only after all other possible steps have been taken, is there resort to compulsory action under the Lunacy and Mental Treatment Acts. Table XXVI shows the actions taken in respect of cases referred during the year.

The total figure in this Table does not coincide with that given in Table XXV as in some cases more than one action is taken in the same case, e.g. temporary detention under Section 20 of the Act, followed by certification, admission as a voluntary or temporary patient, or discharge.

It will be noted that of the 675 actions taken only 99 (14.7 per cent) were for long term compulsory detention. 164 (24.3 per cent) resulted in voluntary admission and 332 (49.2 per cent) were for disposal other than under the Lunacy and Mental Treatment Acts. If it is borne in mind that the majority of patients are referred because there is an urgent need for action, the relatively small number for long-term compulsory detention seems to indicate that great care is taken by the Service to secure appropriate treatment.

The volume of mental health work has more than doubled since the inception of the Service in July, 1948. In the first twelve months, 318 actions were taken. During the next five years the annual average was 506 and in April, 1955, an additional Mental Health Worker was appointed. In the twelve months to June, 1955, 576 actions were taken and that figure increased to 680 in the following year.

TABLE XXVI—NUMBER OF ACTIONS TAKEN IN RESPECT OF CASES OF MENTAL ILLNESS REFERRED TO THE AUTHORITY IN 1956

Type of action	Males	Females	Total
Temporary detention under Section 20 of the Lunacy Act 1890 (in a designated Ward of a General Hospital)	23	21	44
Temporary detention under Section 11 of the Lunacy Act (Urgency Order—in a Mental Hospital	21	15	36
Certification (Summary Reception Order) Sections 14 and 16 of the Act	52	42	94
Admission as Temporary patients under Section 5 of the Mental Treatment Act, 1930 ...	4	1	
Admission as Voluntary patients under Section 1 of the Mental Treatment Act, 1930	69	95	164
Other action—which includes referrals for community care, admission to Welfare Homes, discharge to the care of relatives or friends, or referral to some other Service	149	183	332
Totals	318	357	675

It will be noted from Table XXVII that the proportion of cases dealt with by admission to Mental Hospitals *decreased* from 67 per cent in 1948/9 to 55.9 per cent in 1955/6 while the proportion of cases dealt with in the community *increased* from 33 per cent in 1948/9 to 44.1 per cent in 1955/6. In the calendar year 1956, this trend continued and the proportions were 52.3 per cent and 47.7 per cent respectively.

Moreover, while the number of cases dealt with by admissions to hospital only increased by 13.4 per cent, being 380 in 1955/6 as compared with 335 on the average between 1949 and 1954, the number of cases dealt with otherwise than by admission rose from an average of 170 between 1949 and 1954 to 300 in 1955/6—an increase of 76.5 per cent.

Two conclusions may be drawn: (1) there is an increase in referral of cases before they have so far deteriorated that admission to hospital is necessary; (2) with increasing experience and skill the Mental Health Workers are able more effectively to use other community resources in their endeavour to assist the patient.

At the 31st December, 1956, 104 cases were being afforded active community care. Table XXVIII indicates the sources from which these cases were referred and how they were being dealt with. A considerable number in addition to these, while not actively in contact, were being afforded the passive support of knowing that they could at any time get in touch with an officer who knew their cases thoroughly.

TABLE XXVII NUMBERS AND PERCENTAGES OF ACTIONS TAKEN IN VARIOUS CATEGORIES 1948-56*

Type of Action	1948/49		1949/54		1954/55		1955/56	
	No.	%	No.	%	No.	%	No.	%
Long-term admissions (S.R.O. & Temporary) ...	73	23.0	106	21.1	109	18.9	123	18.1
Short-term admissions S.11, S.20, & S.21 ...	30	9.5	73	14.4	78	13.5	80	11.7
Voluntary admissions ...	110	34.5	156	30.9	181	31.4	177	26.1
Total actions leading to admissions ...	213	67.0	335	66.4	368	63.8	380	55.9
All other actions	105	33.0	170	33.6	208	36.2	300	44.1
Total actions taken ...	318	100.0	505	100.0	576	100.0	680	100.0

*Year is from 1st July to 30th June.

TABLE XXVIII—CASES OF MENTAL ILLNESS IN COMMUNITY CARE, 1956, SHOWING SOURCE AND REASON FOR CARE.

Referred for	Referred by												Total
	G.Ps.	P.S.W., T.C.H.	Med. Supt., T.C.H.	P.S.W. other M.Hs.	Welfare Dept.	Gen. Hosp.	Police	Prob. Officer	Health Visitor	Rela-tives	Self	Others	
1. Resettlement after in-patient treatment	2	8	1	2	—	—	—	—	—	2	—	—	15
2. Support to prevent admiss-ion or re-admission ...	11	8	1	7	1	—	—	—	—	1	1	1	31
3. Interpretative work to bring patient to accept treatment	8	5	—	—	—	1	1	1	—	7	—	1	24
4. For support—admission NOT advised...	7	—	—	—	—	—	1	—	1	5	3	2	19
5. Other reasons	6	—	—	1	—	—	2	—	—	5	—	1	15
Totals	34	21	2	10	1	1	4	1	1	20	4	5	104

NOTE: These cases have been under community care for varying periods as follows :—

Less than 1 month	24 cases
More than 1 month but less than 2 months	18 „
„ „ 2 months „ „ „ 3 „	19 „
„ „ 3 „ „ „ „ 6 „	12 „
„ „ 6 „	31 „

There was a substantial increase in the amount of this type of work, the number of cases being 70 per cent greater than at the end of 1955. As will be seen from Table XXVIII the majority of the community care work is undertaken in order to prevent admission or re-admission to hospital, to resettle patients after treatment, and generally to help patients to *stay in the community* (items 1, 2, 4 and 5). Interpretative work (item 3), with both potential patients and their families, is a constant feature of the Service. The work is often protracted and difficult, and hampered by deep-seated prejudices and fears with regard to mental hospitals as such. It is not uncommon for the officers to experience greater difficulty in dealing with the family's prejudices, than with the patient's. The substantial increase in the number of referrals, both for action and for after-care, from patients' relatives seems to indicate that the work done by the Service is having some effect.

Mental Deficiency

Under the provisions of the Mental Deficiency Act, 1913, as amended, it is the duty of the Local Health Authority, inter alia, to ascertain what persons in their area are defectives, to provide supervision for such persons (and, where necessary, to obtain hospital care for them), and to provide suitable training or occupation for defectives who are under supervision or guardianship.

The majority of mentally defective children who are ascertained are reported to the Local Health Authority by the Local Education Authority under Section 57 of the Education Act, 1944, following examination by one of the School Medical Officers. The children are subsequently re-examined by the Deputy County Medical Officer of Health, who reports on them to the Mental Health Sub-Committee, making a recommendation as to the category in which the child shall be placed, and whether he shall be placed under supervision or under guardianship or in an institution. Adult defectives and some infants are, from time to time, brought to the notice of the Local Health Authority by relatives, general practitioners, etc. During the year, 30 males and 31 females were referred as mental defectives. Of these, 25 were under sixteen years of age.

At the end of the year there were under community care 437 defectives, made up as follows:—

	Males	*Females*	*Total*
Under Guardianship	14	14	28
Under Supervision—			
Statutory (i.e. confirmed defectives and found "subject to be dealt with" under the Acts)	123	78	201
Voluntary (i.e. confirmed as defectives but not "subject to be dealt with")	60	56	116
On licence*	23	12	35
Totals under formal community care	220	160	380
Cases not yet confirmed as defectives but to whom friendly visits were being paid ..	28	29	57
Totals of defectives or possible defectives under community care	248	189	437

* Ten males and five females not Bedfordshire cases. In addition four male and three female Bedfordshire cases are on licence outside the County.

At the 31st December, 1956, only five defectives (2 males, 3 females) were awaiting vacancies in Mental Deficiency Hospitals. All were urgent, but it was anticipated that vacancies would be available without delay. This means that for practical purposes the waiting list has now disappeared. This Authority is particularly fortunate in this respect because it can obtain vacancies at three mental deficiency hospitals (Bromham Hospital, near Bedford; Cell Barnes Hospital, near St. Albans; and Leavesden Hospital, Abbotts Langley, Herts.). These hospitals are always co-operative. At Bromham Hospital additional wards were opened during the year and the situation with regard to admissions has correspondingly been eased. Nevertheless, there are a number of cases in the community where the home situation is such that the illness or death of the person in charge of the defective would precipitate an urgent demand for hospital care. It is now possible, however, for the first time for many years to consider the need for institutional care as it affects the defective and not merely as a means of meeting social crises.

Once again the number of cases on licence has increased (December, 1953, 12; December, 1954, 23; December, 1955, 30; December, 1956, 35). A considerable effort was made during the year in conjunction with the Medical Superintendents of the three hospitals, and particularly of Bromham Hospital, to place out on licence as many patients as possible. The actual number

placed during the year was 37, of whom 8 had to be recalled before the end of the year. Of the 30 patients already on licence at the beginning of the year, 24 progressed so satisfactorily that they have been discharged from licence. These latter cases remain for a time under Voluntary Supervision. The increase of five cases on licence, therefore, represents a *net* increase in this particular group. Most of the year's placements were, as in previous years, in residential employment in hospitals, hotels, and other catering establishments. More defectives could be given a trial on licence if suitable residential employment, or homes in which they could live and from which they could go out to daily work, could be found. Employment, as such, though not quite so easy as in the past, still does not present a major problem, so long as living accommodation can be found. One solution to this problem might be the setting up, in collaboration with the Regional Hospital Board, of hostels in, say, Bedford and Luton, to which defectives on licence could go to live as a " half-way house " between full hospital care and normal life in the community.

The cases on licence, which represent only 8 per cent of the defectives under community care, entail an amount of work out of all proportion to their number. Some of them have been in hospitals and institutions for many years and in consequence need a great deal of support and guidance in their rehabilitation into normal life. In each case, the Mental Health Worker concerned endeavours to provide a kindly, understanding, yet firm and stable background figure to replace the ordered routine of the hospital.

It is well worthy of note that of the 303 defectives over 16 years of age under community care, 179 (59 per cent) are working and receive no financial aid whatsoever from public funds. The majority of them are completely self-supporting.

Occupation and Training of Defectives

The purposes of Occupation Centres are two-fold, viz., (1) to provide occupation and training for the defectives, and (2) to provide some relief to the family, particularly the mother. The first of these objects may be stated more fully as (a) to develop the defectives' physical and mental abilities as far as possible, so that their lives may be fuller and happier, and (b) with this end in view to help them to form good habits, to acquire self-control, and to develop a social sense as they learn to work and play with others. Similarly, the second is more than a mere taking of the defective off the family's hands for a few hours each day. The benefit of this specific relief must not be underestimated, giving as it does time to the mother to do her shopping, cook the family's meals, etc., secure in the knowledge that the defective is being cared for. There are moreover, less obvious benefits. Training at the Centre aims at teaching the defective to be less demanding of attention, to be useful in small household tasks, and generally to be more socially acceptable. There is no doubt that attendance at a Centre assists the family to

continue to cope with the defective and thus reduces the demand for hospital care.

The Authority provides two Occupation Centres. The South Bedfordshire Centre at Dunstable serves the Luton and Dunstable areas, and at the end of the year 30 children were in attendance. The North Bedfordshire Centre at Turvey serves Bedford and the north of the County. At the end of the year there were 19 children in attendance.

The South Bedfordshire Centre, which is housed in leased, adapted premises, is at the limit of its capacity, 23 defectives under and seven over 16 years of age being in attendance. There are also in the area 10 defectives under 16 and 21 over 16 who are considered to be suitable for a Centre but for whom no places are at present available. The Authority are giving careful consideration to the question of the provision of a new Centre to meet this demand.

The North Bedfordshire Centre is housed in a former Church of England School which is leased to the Council. Sanction has been received for the erection of a new Centre at Kempston and building work has started. It is hoped that the building will be ready for occupation before the commencement of the Christmas Term, 1957.

Each existing Centre is staffed by a qualified supervisor, an assistant supervisor and a cook. The children are conveyed to the Centres by buses and remain for a mid-day meal. The usual Centre subjects are taught.

In addition to the defectives in attendance at the Bedfordshire Occupation Centres, there are five female defectives under the guardianship of nominees of the Guardianship Society, Brighton, who attend that Society's Occupation Centres.

Home teaching cannot be regarded as a completely satisfactory substitute for attendance at an occupation centre. It fails to provide the defective with companionship of and competition with his peers and leaves him without experience of group life. For those, however, who live in isolated rural areas, and for those with physical or emotional difficulties which preclude their attendance at a Centre, home teaching does provide some small measure of training and occupation and moreover helps to break down the barrier of isolation both for the defective and the family. Group teaching serves a dual purpose—by reducing travelling time and telescoping visits it enables the Home Teacher to give more time than would be possible with individual visits, and, even more important, it gives the defectives experience in handling group relationships and thereby fosters social improvement.

Considerable progress was made in this field during the year. Miss M. D. Green's list increased from 18 weekly and four fortnightly at the 31st December, 1955 to 31 weekly and two fortnightly at the 31st December, 1956. This was only made possible by the establishment and extension of groups. In three instances two defectives are brought together at the home of one of them. The weekly half-day class at Barton, which seven defectives from Barton

and the surrounding villages attend, was extended on the 24th July to a full day. This Group meets in the Youth Hut at Barton which is rented to the Authority by the Local Education Authority. On the 7th September a weekly afternoon class for adult defectives was started in a rented Church Hall in Bedford. Seven defectives from Bedford and one from a nearby village attend this group. Consideration is now being given to the establishment, as an interim measure, of junior and senior groups in Luton to cater for those defectives in the area for whom Occupation Centre places are not yet available.

Even with this considerable extension, there remains a substantial number of defectives (about 40), mainly adults, who would benefit from Home Teaching and for whom no provision is at present made. This situation is receiving careful consideration.

HANDICAPPED PERSONS

Blind Persons

The Welfare Committee of the County Council are responsible under the National Assistance Act, 1948, for the welfare of Blind Persons and they exercise their powers through the North and South Beds. Societies for the Welfare of the Blind.

During 1956 there was a net decrease of five in the number of *Blind Persons* registered in the County. At the beginning of the year the number was 706. New cases during the year numbered 105 and there were 11 inward transfers. 94 persons died, 23 left the district and four were removed from the registers as no longer blind, leaving 701 persons on the registers at the 31st December, 1956.

Before a person is admitted to the Blind Persons Register he is examined by an ophthalmic specialist who completes a form B.D.8. The information contained in these forms for persons registered during 1956 is analysed in Table XXIX. The cause of blindness was cataract in 34 cases, glaucoma in 18 cases, diabetes in 13 cases and senile macular degeneration in 22 cases. The remaining 18 persons had a variety of other conditions. Of the total of 105 persons registered, 69 were aged 70 years or over. The fact that age is an important factor in blindness is underlined in Tables XXX and XXXI which show the number of persons on the registers at the 31st December, 1956, divided according to age at that date and according to the age at onset of blindness.

Every effort is made to see that persons who would benefit from treatment receive it. Of the 25 persons for whom operation was recommended, five have received treatment and two have died. In many cases, however, the person's general condition makes an operation inadvisable. Of the cases in which treatment was not

TABLE XXIX —BLIND PERSONS REGISTERED IN BEDFORDSHIRE DURING 1956

	Cause of Disability						Total
	Cataract	Glaucoma	Retrolental Fibroplasia	Diabetes	Senile Macular Degen.	Other	
No. of cases in which no treatment recommended ...	9	11	—	8	22	16	66
No. of cases in which treatment recommended :							
(i) Medical	—	6	—	5	—	—	11
(ii) Surgical	24	1	—	—	—	—	25
(iii) Optical	1	—	—	—	—	2	3
No. of cases who received treatment :							
(i) Medical	—	6	—	5	—	—	11
(ii) Surgical	5	—	—	—	—	—	5
(iii) Optical	1	—	—	—	—	2	3

Table XXX—Age Distribution of Registered Blind Persons in Bedfordshire at the 31st December, 1956

	0—4	5—15	16—30	31—39	40—49	50—59	60—69	70+	Total
Males	4	6	14	23	33	43	47	125	295
Females	—	4	10	7	17	29	66	273	406
Totals	4	10	24	30	50	72	113	398	701

Table XXXI—Number of Registered Blind Persons in Bedfordshire at the 31st December, 1956, Subdivided according to the Age of Onset of Blindness

	0—4	5—15	16—30	31—39	40—49	50—59	60—69	70+	Unknown	Total
Males	39	5	33	30	24	21	33	82	28	295
Females	30	11	14	16	28	38	73	179	17	406
Totals	69	16	47	46	52	59	106	261	45	701

recommended, eight of the persons with glaucoma had previously been operated on, as had five of the persons with cataract. In most of the other cases the blindness is irremediable.

With regard to the *Partially Sighted*, the number on the register at the 31st December, 1956, was 87. During the year, 26 cases were added to the register and 13 were removed. Of the latter, five were transferred to the Blind Persons Register.

Nine infants were notified as suffering from *Ophthalmia Neonatorum* during the year. One child left the area soon afterwards. The remainder have made a complete recovery, although one child was still receiving treatment at the end of the year.

Epileptics

It may be stated at the outset that little information is available about the incidence of epilepsy generally amongst *adults* in the County. Such information as there is derives from the Disablement Resettlement Officer Service, from the Mental Health Service of the Local Health Authority, from applications for Driving Licences received by the Local Taxation Department, and from the Welfare Authority. Thus at the 16th April, 1956, 103 epileptics were registered under the Disabled Persons (Employment) Act, 1944, and at the 31st December, 1956, the Mental Health Service had knowledge of 40 mental defectives who were also epileptic. In addition, during the year 17 epileptics were referred for action under the Lunacy and Mental Treatment Acts. Of these, five showed major personality difficulties or violent or dangerous propensities. All suitable patients are referred to the Disablement Resettlement Officer of the Ministry of Labour. The Welfare Authority at present have five epileptics in their residential homes and maintain a further 11 in residential accommodation provided by voluntary organisations.

With regard to *children* a fairly reliable picture can be presented, because children who suffer from epilepsy are ascertained at as early an age as possible so that education suited to their disability may be provided. No child is labelled as an epileptic without a period of observation and in doubtful cases the help of the diagnostic department of the hospital service is sought.

Epileptic children are assessed at school-leaving age with particular regard to the severity of the disability and the possibility of employment. At this stage there is close co-operation with the Youth Employment Service and the Welfare Department.

At the end of the year there were, in Bedfordshire, 11 epileptic schoolchildren ascertained as requiring special educational treatment; they were all attending boarding schools. A further 85 children known to have suffered from fits of an epileptiform type were attending ordinary schools, but in many cases no fits have occurred for at least two years.

Cerebral Palsy

As in the case of epileptics, little information is available as to the incidence of cerebral palsy in *adults*. One difficulty is that registers of Disabled Persons and Handicapped Persons (General Classes) do not, except in the case of epilepsy, sufficiently distinguish the organic nervous diseases included in Class V. Table XXXII which follows illustrates the point. Some of the 162 individuals, other than epileptics, in Group V are undoubtedly cases of cerebral palsy, but the number is not at present known. It is not expected, however, that it will be large.

TABLE XXXII—PERSONS IN BEDFORDSHIRE REGISTERED UNDER THE DISABLED PERSONS (EMPLOYMENT) ACT, 1944, AT THE 16TH APRIL, 1956

Type of Case	North Bedfordshire	South Bedfordshire	Total
All classes	1,681	3,389	5,070
Epileptics	38	65	103
Others in Group V*	61	101	162

* Disseminated sclerosis, cerebral thrombosis, sciatica, etc.

More detailed information about adults will be available in due course, and reasonably reliable information regarding cases of cerebral palsy included in the substantially and permanently handicapped group will be available when registration has been completed by the Welfare Committee. At present six persons have been registered as being of the spastic variety of cerebral palsy.

In the meantime, facilities, including Occupational Therapy, provided by the Local Health Authority are available and are being used. At the present time five patients with cerebral palsy are receiving instruction from the Occupational Therapists who are equally available for Health Committee and Welfare Committee work.

TABLE XXXIII—AGE AND SEX DISTRIBUTION OF CHILDREN KNOWN TO BE SUFFERING FROM CEREBRAL PALSY IN BEDFORDSHIRE AT THE 31ST DECEMBER, 1956

	Age in Years															Total under 16 years
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Males ...	–	–	3	2	5	2	3	4	3	6	4	1	3	1	4	41
Females...	–	–	1	6	2	3	1	2	2	3	1	1	1	–	1	24
Total ...	–	–	4	8	7	5	4	6	5	9	5	2	4	1	5	65

Much more information is available regarding the incidence of cerebral palsy in *children*. This is a matter which has excited national interest and sympathy, and much has been done within the last few years to educate the public in the true nature of the disability, and to point out the needs of such children. At the 31st December, 1956, 65 children under the age of 16 were known to be suffering from cerebral palsy, and Table XXXIII shows their age and sex distribution.

The number of children of compulsory school age is 53. Three of these, however, have mental retardation to such an extent as to be ineducable. The position as regards education of the remaining 50 is as follows:—

31 attend the appropriate ordinary school (transport being specially provided for some cases).

2 attend day special schools for handicapped children.

12 attend residential special schools for handicapped children.

5 receive home tuition.

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, 1956, eight Homes registered, one having closed during the year, and two having opened. These provided accommodation for three maternity and 81 other cases. 22 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

The number of cases of infectious disease varies considerably from year to year. Thus, in 1956, there were 3,605 confirmed cases of infectious and other notifiable diseases (excluding tuberculosis) notified to the District Medical Officers of Health. The corresponding figures for 1955 and 1954 were 5,822 and 2,038 respectively. Measles and Whooping Cough were mainly responsible for these fluctuations. Detailed figures of notifications have been extracted from the quarterly returns submitted by the District Medical Officers and are set out in Table XXXIV.

Diphtheria

For the fifth year in succession there was no case of diphtheria. The last fatal case in the County occurred in 1946. Thus, for the time being at least, diphtheria has disappeared from the area and there is a danger that parents may think there is no longer any need to trouble about immunisation. Active steps are taken from time to time to prevent this happening.

Scarlet Fever

There were 163 cases of scarlet fever in 1956, only 19 more than in the previous year when the number was 144, the lowest ever recorded in the County. The disease is endemic and the annual number of cases fluctuates. It cannot, therefore, be assumed that we are witnessing the disappearance of the disease. It is, however, far less serious than it used to be.

Whooping Cough

More than 1,000 cases of whooping cough occurred in each of the years 1953 and 1954. In 1955 the figure dropped to 497 but last year it increased again to 875. The figures do not give a very reliable indication of the actual number of cases that occur. 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. Reference is made elsewhere in the Report to the facilities for vaccination against whooping cough that are provided by the Authority. The scheme has not yet been in operation long enough for it to have had any appreciable effect on the number of cases.

Measles

At one time it seemed that an epidemic of measles occurred regularly every other year. Since the war the pattern has changed and become confused and the rise and fall in the incidence of the disease only becomes apparent if a study is made of the quarterly—or, preferably, monthly—notifications. This is partly because the

periodicity, in Bedfordshire at least, is irregular ; partly because the disease does not occur in all parts of the County at the same time ; and partly because annual figures take no account of an epidemic which carries on from one year to the next. Thus the annual figures for Luton show that over 1,000 cases of measles were notified in each of the years 1948 to 1953. The quarterly figures reveal considerable fluctuations, however, with peaks in the third quarter of 1948 (672 cases), the first quarter of 1949 (844 cases), the first quarter of 1951 (735 cases), the second quarter of 1952 (546 cases) and the first quarter of 1953 (626 cases). In 1950, after only five cases occurring in the first quarter, over 300 cases occurred in each of the remaining quarters.

In the early part of 1953 the disease swept through the County and 5,821 cases were notified. The following year saw only 68 notifications. It re-appeared in 1955 and in the second quarter of that year 773 cases were notified in Bedford Borough, followed by 342 in the next quarter. As the epidemic subsided there, the disease flared up in Luton Borough, 514 cases in the third quarter being followed by 544 in the fourth quarter and 886 in the first quarter of 1956. The disease then subsided throughout the County and only 50 cases were notified in the fourth quarter of 1956.

Poliomyelitis

Although poliomyelitis was very prevalent in some parts of the country during 1956, there were only 16 cases in Bedfordshire, nine of them being non-paralytic. All the cases occurred in the second half of the year and most of them were in Luton Borough where there were two paralytic and eight non-paralytic cases. There were no deaths. No case occurred in a child that had been vaccinated against the disease.

Dysentery

This disease has been rather troublesome in recent years. There were 195 cases notified in 1956 compared with 42 in the previous year. Most of the cases (163) occurred in Luton Borough where there was an outbreak in the last quarter of the year. The Borough Health Department took active steps to control the disease. Faeces examinations of all contacts of the 57 confirmed cases notified in that period resulted in a further 74 cases being discovered. These 131 cases came from 58 households. There were 44 cases in children under 5 years of age and 57 in children aged 5—14. It was decided to close the Dallow Road Nursery School in December. During the course of the investigation it was found necessary to exclude from employment eight adults employed in food trades.

TABLE XXXIV—NUMBER OF CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES NOTIFIED AND CONFIRMED IN THE SANITARY DISTRICTS OF BEDFORDSHIRE, 1956

	Ampthill		Bedford		Biggleswade		Dunstable Borough	Kempston Urban	Leighton Buzzard Urban	Luton		Sandy Urban	TOTALS
	Urban	Rural	Borough	Rural	Urban	Rural				Borough	Rural		
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	32	32	8	4	32	1	4	5	35	10	—	163
Whooping Cough ...	2	132	220	105	31	25	49	34	12	201	29	35	875
Measles	7	359	48	20	5	54	32	79	8	1,014	78	41	1,745
Poliomyelitis—													
Paralytic	—	1	1	1	—	—	—	1	—	2	1	—	7
Non-Paralytic ...	—	—	1	—	—	—	—	—	—	8	—	—	9
Acute Encephalitis—													
Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-Infectious ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	1	—	1	1	—	3
Erysipelas	—	3	3	4	—	1	1	—	2	5	—	2	21
Acute Pneumonia—													
(Primary or Infl.) ...	2	13	77	13	—	8	—	9	28	23	12	6	191
Typhoid Fever... ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ...	1	—	1	—	—	—	—	—	—	—	—	—	2
Dysentery	1	4	4	2	—	—	3	1	8	163	9	—	195
Food Poisoning ...	—	11	7	2	—	—	2	—	3	17	3	—	45
Infective Hepatitis (in-													
cluding Jaundice) ...	—	—	95	11	—	7	3	5	—	101	1	—	223
Puerperal Pyrexia ...	—	3	50	3	2	—	1	1	—	54	2	1	117
Ophthalmia Neonatorum	—	1	5	—	—	—	—	1	—	2	—	—	9
Tuberculosis—													
Respiratory	2	8	35	16	2	7	14	11	5	62	15	1	178
Meninges & C.N.S.	—	—	1	—	—	—	—	—	—	2	—	—	3
Other	1	2	3	5	—	—	2	—	2	20	2	1	38
TOTALS ...	16	569	583	190	44	134	108	147	73	1,710	163	87	3,824

Food Poisoning

There were 45 cases of food poisoning notified during the year, compared with 60 in the previous year. There was no outbreak of any size.

Infective Hepatitis

In order to facilitate the work of a committee appointed by the Medical Research Council, "jaundice" was made compulsorily notifiable in November, 1943, in the region roughly comprising East Anglia, and including Bedfordshire. The number of cases reported annually since then in the County is given in Table XXXV, together with the figures for Bedford and Luton Boroughs.

TABLE XXXV- NUMBER OF CASES OF "JAUNDICE" IN BEDFORD AND LUTON BOROUGHS AND WHOLE COUNTY, 1944–56

Year	Whole County	Bedford	Luton
1944	131	52	48
1945	108	14	71
1946	29	7	20
1947	34	8	12
1948	47	8	27
1949	69	29	12
1950	146	102	6
1951	65	32	4
1952	29	16	3
1953	26	16	2
1954	81	9	9
1955	59	7	41
1956	223	95	101

There were 223 cases notified in the County in 1956, far more than in any previous year, but even so, experience in Luton Borough suggests that only 10 per cent. of cases are, in fact, reported. Thus, although the disease appears to have been concentrated in the Boroughs of Bedford and Luton there may well have been many cases in other parts of the County of which nothing is known.

It is known that infective hepatitis is spread by close personal contact and by food and there is no doubt that scrupulous attention to personal hygiene, particularly the washing of hands before touching food, might do much to eliminate the disease.

Puerperal Pyrexia

In accordance with the Puerperal Pyrexia Regulations, 1951, any rise in temperature to 100.4°F. occurring in a woman within 28 days of childbirth is notified. In 1956, 117 cases were notified compared with 45 in the previous year.

TUBERCULOSIS

Although there has been no substantial reduction in the incidence of tuberculosis, the disease is in some ways much less of a problem today than formerly. The tremendous advance in treatment, coupled with improvements in the earlier detection of cases, has had a dramatic effect upon tuberculosis mortality and upon the demand for hospital and sanatorium beds.

During 1956 there were 183 new cases of respiratory tuberculosis and 41 of non-respiratory tuberculosis notified. In addition, 85 respiratory and nine non-respiratory cases came to notice otherwise than by notification, e.g., by Death Returns and Inward Transfers. Tables XXXVI and XXXVII give details of these cases and the corresponding figures for the seven previous years.

At the 31st December, 1956, there were 2,664 cases of respiratory and 290 cases of non-respiratory tuberculosis on the Chest Clinic Registers. Table XXXVIII shows these cases divided into men, women and children.

The number of attendances at the Chest Clinics during 1956 (including contacts) was 43,494, and 12,708 visits were paid to the homes of patients by the Tuberculosis Health Visitors. 316 home visits and examinations were made by the Chest Physicians.

TABLE XXXVI—NUMBER OF NEW CASES OF RESPIRATORY AND NON-RESPIRATORY TUBERCULOSIS NOTIFIED 1949–56, SUBDIVIDED ACCORDING TO SEX

	Respiratory			Non-Respiratory		
	M.	F.	Total	M.	F.	Total
1949	203	147	350	21	28	49
1950	256	137	393	25	25	50
1951	188	123	311	29	47	76
1952	213	168	381	14	32	46
1953	197	135	332	23	26	49
1954	135	105	240	17	24	41
1955	159	106	265	18	34	52
1956	109	74	183	19	22	41

TABLE XXXVII—NUMBER OF CASES OF RESPIRATORY AND NON-RESPIRATORY TUBERCULOSIS WHICH CAME TO NOTICE OTHERWISE THAN BY NOTIFICATION 1949–56, SUBDIVIDED ACCORDING TO SEX

	Respiratory			Non-Respiratory		
	M.	F.	Total	M.	F.	Total
1949	19	27	46	5	9	14
1950	28	16	44	3	1	4
1951	27	22	49	2	4	6
1952	36	21	57	4	3	7
1953	46	23	69	6	3	9
1954	38	29	67	1	3	4
1955	51	31	82	2	3	5
1956	50	35	85	5	4	9

TABLE XXXVIII—NUMBER OF MEN, WOMEN AND CHILDREN ON THE CHEST CLINIC REGISTERS AT 31ST DECEMBER, 1956, SUBDIVIDED INTO RESPIRATORY AND NON-RESPIRATORY CASES

	Respiratory			Non-Respiratory			Totals		
	M.	W.	C.	M.	W.	C.	M.	W.	C.
Bedford ...	591	467	56	27	69	22	618	536	78
Luton ...	829	608	113	51	83	38	880	691	151
TOTALS ...	1,420	1,075	169	78	152	60	1,498	1,227	229

Reference has already been made in the previous Section to the provision made by the Authority for the care and after-care of the tuberculous. From a public health view, however, preventive measures are even more important. Infectious cases must be discovered as early as possible and steps taken to prevent the spread of the infection. To this end, particular attention is paid to the examination of contacts, as will be seen from the following statement of cases of all forms of tuberculosis referred to the Chest Clinics and contacts examined during the past six years :—

	Cases Referred	*Contacts Examined*	*Contacts found to have Tuberculosis*
1951 ..	357	1,412	24
1952 ..	422	1,479	29
1953 ..	353	1,234	25
1954 ..	292	1,177	24
1955 ..	282	1,349	41
1956 ..	225	1,586	30

These figures show that 8.2 per cent of all new cases of tuberculosis (all forms) diagnosed at the Chest Clinics during the six years were found as the result of examining contacts. Suitable contacts are offered B.C.G. vaccination.

In all cases of tuberculosis coming to light posthumously, steps are taken to examine contacts in much the same manner as when a live case is notified. Follow-up of early cases among children and others is done as a routine.

In Bedford and Luton Boroughs, there is a scheme for the tuberculin testing of school entrants if parents are willing for this to be done. The Heaf method is used. During the year, 1,548 children were tuberculin tested and 22 gave a positive reaction. Four of these were already known to the Chest Clinics, three of them having received B.C.G.vaccination. The remaining 18 attended the Chest Clinics for examination, as did all the contacts associated with them. No case of active tuberculosis was discovered, however.

As a further step in the prevention and control of tuberculosis a scheme was evolved during the year for the giving of B.C.G. vaccination to children at 13 years of age so that they would have protection before commencing work. The scheme will come into operation during 1957.

Periodic surveys are carried out in the County by the Mass Radiography Unit. Also, for the convenience of general practitioners, miniature film sessions are held weekly at the Chest Clinics for patients in whose case X-ray is required in order to exclude the possibility of pulmonary tuberculosis. Whenever it is desirable to do so, special investigations are carried out.

It is usually possible to find suitable work for patients who are considered fit for re-employment after treatment. There is, however, occasional difficulty in some parts of the County where work of a light nature is sometimes not available. When patients take up work, they continue under the supervision of the Chest Clinic and if the disease becomes active again they cease work upon being recommended to do so. In the south of the County, some persistently infectious and some disabled cases who would otherwise be unable to find employment are employed in a sheltered workshop, Ludun Ltd. Others are on the waiting list but the prospects of Ludun being able to take them are not good.

Mass Radiography

The Mass Miniature Radiography Unit from St. Albans again visited Bedfordshire during 1956. The results of the investigations had not been published when this Report was prepared, but some information is now available concerning the Unit's visit in the previous year. Of 42,792 persons X-rayed in Bedford and Luton, 58 or 0.14 per cent, were found to have active tuberculosis.

VENEREAL DISEASES

The Regional Hospital Board are responsible for the diagnosis and treatment of venereal diseases. Clinics are held at Bedford General Hospital (South Wing) and Luton and Dunstable Hospital. Table XXXIX 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 XXXIX—NUMBER OF PATIENTS ON REGISTERS OF V.D. CLINICS AT 31ST DECEMBER, 1956, TOGETHER WITH ADDITIONS AND REMOVALS THEREFROM DURING 1956

	Syphilis		Gonorrhoea		Other Conditions		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.
No. of patients on register at 1st January, 1956	79	82	31	29	103	41	213	152
No. of patients dealt with for first time during 1956 ...	12	17	47	12	250	149	309	178
No. of patients restored to register during 1956 ...	—	1	—	—	2	3	2	4
TOTAL A ...	91	100	78	41	355	193	524	334
No. of cases removed from register in 1956 as :—								
(a) cured or not confirmed	8	14	47	26	230	168	285	208
(b) defaulted	3	3	—	—	16	4	19	7
(c) transferred for treatment elsewhere	4	1	5	—	6	3	15	4
TOTAL B ...	15	18	52	26	252	175	319	219
No. remaining on register at 31st December, 1956 (A-B)	76	82	26	15	103	18	205	115

SECTION IV

INSPECTION AND SUPERVISION OF FOOD

INSPECTION AND SUPERVISION OF FOOD

Legislation concerned with food was consolidated in the Food and Drugs Act, 1955, which came into force on the 1st January, 1956. Although several important changes have been made in the law, they do not materially affect the duties imposed on the County Council. The Council continue to be the Food and Drugs Authority for the Administrative County less the Boroughs of Bedford and Luton and are responsible for enforcing those provisions of the Act designed to secure that food intended for human consumption is not so treated as to render it injurious to health; that drugs are not adulterated; that no food or drug is falsely labelled or advertised; that milk intended for sale for human consumption is not adulterated or misrepresented; and that there shall be no misuse of the designation "cream." In addition, the Council have a duty throughout the County to prohibit the sale of milk from diseased cows. All the other provisions of the Act are enforced by the district councils.

In the County area, the inspection and supervision of food as outlined above, is undertaken by the County Health Inspector, assisted by a Milk Sampling Officer. There is very close co-operation between the County Health Inspector and the public health inspectors employed by the district councils.

The Food and Drugs Act also affects the County Council in their capacity as caterers on a considerable scale. Thus the school meals service is subject to the provisions of the Act and of the Food Hygiene Regulations, 1955. Supervision is being undertaken by the Health Department in association with other officers concerned.

SPECIALLY DESIGNATED MILK

There are now three special designations for milk—pasteurised, sterilised and tuberculin tested. The Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950 empowered the Minister of Food to specify certain areas in which all milk sold by retail must be specially designated. The Act has been replaced by the Food and Drugs Act, 1955, but the power remains and is now vested in the Minister of Agriculture, Fisheries and Food. The southern half of the County became a specified area on the 1st March, 1955, and the remainder of the County on the 1st April, 1957.

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 no new applications for pasteurising licences during the year. Two licences were cancelled as the owners ceased to pasteurise milk. On the 31st December, 1956, two pasteurising licences were in force. There were no applications received for licences in respect of sterilising plants.

CHEMICAL EXAMINATION OF 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 XL shows that the average fat content of 405 unadulterated samples examined during the year was 3.76 per cent.

408 samples were taken whilst the milk was in course of delivery and of these 14 were found to be abnormal. 15 appeal-to-cow samples were also taken, of which four were unsatisfactory. Thus there were 18 abnormal samples in all. In two cases the milk contained extraneous water. In the remaining cases the samples were deficient in fat only. Appropriate action was taken in each case.

TABLE XL—MONTHLY AVERAGE FAT CONTENT OF ALL UNADULTERATED SAMPLES OF MILK TAKEN DURING 1956

Month	Number of Samples	Milk Fat Content per cent
January	38	3·81
February	28	3·64
March	31	3·69
April	41	3·64
May	40	3·47
June	44	3·60
July	10	3·91
August	29	3·46
September	34	3·90
October	31	3·89
November	54	3·96
December	25	4·01
TOTALS	405	3·76

BACTERIOLOGICAL EXAMINATION OF MILK

During the year 284 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. These samples were submitted for bacteriological examination to determine the keeping quality of the milk. Details are given in Table XLI. It will be seen that where a result is unsatisfactory, further samples are taken until the matter has been put right.

TABLE XLI—NUMBER OF SAMPLES OF MILK SUBMITTED FOR BACTERIOLOGICAL EXAMINATION DURING 1956

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	
Samples taken from Schools ...	276	4	280	4	—	4	—	—	—	—	—	—	284
Samples taken from Hospital Farms	8	2	10	1	1	2	1	—	1	—	—	—	13
Samples taken from Pasteurising and Heat Treating Plants	74	2	76	2	—	2	—	—	—	—	—	—	78
TOTALS	358	8	366	7	1	8	1	—	1	—	—	—	375

BIOLOGICAL EXAMINATION OF MILK

At the end of 1956 there were 479 milk herds in the County. Of these, 274 were T.T. Attested, one was T.T. Supervised and 31 were Attested. The remainder were non-designated herds. Every effort is made to prevent the sale of milk infected with tuberculosis. To this end, samples are taken after the herds have been milked and the milk from all the cows has been mixed. These samples are tested by Guinea Pig inoculation. During the year, 335 such samples of milk were taken and four were found to contain Tubercle Bacilli. The facts were reported to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, who took appropriate action.

When an unsatisfactory biological sample is reported, the farmer concerned is not allowed to sell the milk until it has been pasteurised. This restriction is removed only when the Divisional Veterinary Officer certifies that the herd is free from tuberculosis.

MILK IN SCHOOLS SCHEME

Under the Milk in Schools Scheme, 145 schools received heat treated milk and one received Tuberculin Tested milk. Thus all maintained schools in the County area received a supply of designated milk. At the end of the year approximately 78.25 per cent of the children were taking milk in school.

ICE CREAM

During the year, 35 samples of ice cream were presented to the Public Health Laboratory Service for examination. They were graded as follows :—

Grade 1	22
Grade 2	10
Grade 3	3
Grade 4	—

Samples in Grades 1 and 2 are considered satisfactory. Samples falling into categories 3 and 4 are regarded as unsatisfactory. The three samples in these latter grades were further investigated. Faecal coli were not found in any of the samples.

32 samples of ice cream were purchased under the Food and Drugs Act, the fat content varying from 9.1 per cent to 19.7 per cent, averaging 12.4 per cent over the entire number of samples taken.

SAMPLES OTHER THAN MILK

193 routine formal samples of food and drugs, other than milk, were taken during the year. Two were found to be adulterated and appropriate action was taken. 20 routine informal samples were also taken of which four were adulterated. Formal samples were subsequently taken which were also unsatisfactory. Warning letters were sent in two cases and two verbal warnings were given.

MERCHANDISE MARKS ACTS

Routine visits were made to premises and samples were taken, seven of which proved unsatisfactory. Proceedings were instituted in one case and were successful. Two warning letters were sent and verbal warnings were given in the other cases.