

**[Report 1958] / Medical Officer of Health, Bedfordshire County Council
(County of Bedford).**

Contributors

Bedfordshire (England). County Council. n 50055519

Publication/Creation

1958

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Bedfordshire County Council

REPORT


of the

Medical Officer of Health

for

1958

BEDFORD
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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 1958.

The Report follows the usual pattern, i.e. there are sections on Statistics, Provision of Health Services, Prevalence and Control Over Infectious Diseases, and Inspection and Supervision of Food, but this year an appendix entitled "The First Ten Years" has been added.

During 1958, the *Staff* was increased—a temporary additional Medical Officer and a permanent additional Mental Health Worker were appointed. The need for the former post is likely to become permanent. Dr. Elizabeth E. Brown, Senior Maternity and Child Welfare Officer, who had given sterling service to the Authority for nearly 19 years, resigned, as did Dr. Frances A. Williams after ten years' much appreciated service in Bedford Borough. The position with regard to dental staff is set out in the Report of the Principal Dental Officer on page 32. It is a sad state of affairs.

As regards *Statistics*, the *population* continued to increase. The home population in 1958 reached 344,000; in 1957 it was 335,500, while in 1948 the civilian population was only 298,715. The *vital statistics* compare very favourably with those for England and Wales. Thus, the *crude birth rate* in 1958 was 18·3, compared with 17·5 for 1957, and the upward trend since the low figure of 14·6 in 1952 continued. The national rate in 1948 was 16·4. The *stillbirth rate* per 1,000 total births was 18·1, the lowest ever recorded in this County. The figure for England and Wales was 21·6. The *infant mortality rate* of 18·1 was only 0·1 higher than in 1955 when the lowest rate ever was recorded. For England and Wales the rate was 22·5. The *crude death rate* was 9·8; for England and Wales it was 11·7.

Heart Disease and Cancer still head the list of *Causes of Death*. The only change in the order is the replacement of Pneumonia by Bronchitis in the fourth position. Bronchitis is of increasing importance. Atmospheric pollution and smoking are amongst its causes, which in some instances at least are preventable. The Bedford Borough Clean Air Exhibition and the investigation into atmospheric pollution, which is proceeding with the co-operation of the Brickworks' Companies, are relevant in this connection.

Details of the *Services* are given in the text. Progress has been made in a number of services, notably in vaccination against poliomyelitis. Much is being done by specific prophylaxis to prevent disease, e.g. smallpox, diphtheria, whooping cough and poliomyelitis, but it would be very convenient if the time schedule could be improved. Health Education continues, and it is important that it should. Local Authorities provide wholesome water supplies and they have done much to ensure clean food

supplies and to some extent clean air. The benefits derived from these, however, are largely nullified for the individual who constantly indulges in faulty personal habits.

During the first ten years of the Welfare State ideas arose which will, if put into operation, affect local authorities considerably. In particular, there is the idea, which has in large measure been accepted, that the diagnosis, treatment and after-care of persons suffering from social and medical ills should as far as possible take place in the community instead of in institutions. This shift of emphasis from institutional to community care is contained in the clauses of the Mental Health Bill, and it is virtually certain that most local health authorities will find it necessary to expand their mental health service considerably in order to meet the obligations which will be imposed. It is also contained in the recent Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services which recommends a vast increase of social workers for service in the community.

The shift of emphasis, however, is not the only factor which will influence medical administration. The Local Government Act 1958, with its provisions for delegation, and the recommendations, if accepted, of the Maternity Services Committee will also have an impact. Local medical administration is about to undergo a severe test.

I wish to thank the Chairman and members of the Health Committee for the sympathetic attitude they have shown to the problems of medical administration, and for their constant encouragement.

I gratefully acknowledge the help I have received during the year from voluntary bodies, general medical practitioners and members of the hospital service. The staffs, professional and lay, of the Public Health Department, central and divisional, have worked well and given great support. In particular I wish to thank Mr. C. J. Guy, the Health Education and Statistics Officer, who has been mainly responsible for the compilation of this Report.

I have the honour to be

Your obedient servant,

W. C. V. BROTHWOOD,

County Medical Officer.

HEALTH DEPARTMENT,
PHOENIX CHAMBERS,
HIGH STREET, BEDFORD.
Telephone: Bedford 68211
June, 1959.

HEALTH COMMITTEE 1958-1959

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

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

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

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Aldermen

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W. M. Doyle

F. A. Jarvis

B. Leach

R. Lester

F. C. Lines

W. G. Matthews

E. W. Shafto Hilton (apptd. 18.7.58)

C. Sheffield

J. Simpson

R. T. Webb

Miss J. Williams (apptd. 18.7.58)

F. S. R. Wright

J. Wynn Williams

Co-opted Members

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L. C. Brough, M.D.

F. G. Bull, M.P.S.

R. D. Cameron

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Brig. J. N. Hildick-Smith, M.C., D.L.

Mrs. E. A. Newton

R. C. Oakley

Mrs. P. E. Simmonds

H. J. Weller, J.P.

Divisional Committee Chairmen

Northern: Alderman P. R. Smith, J.P.

Eastern: Alderman L. Chambers

Southern: Councillor C. Sheffield

Luton: R. J. Clark

STAFF 1958

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.

*Senior Assistant County Medical Officer for Maternity and Child Welfare**

ELIZABETH E. BROWN, M.B., Ch.B., B.Hy., D.P.H. (retired 30.9.58)

Assistant County Medical Officers and School Medical Officers

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

MARGARET S. BROTHWOOD, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.
(apptd. 1.10.58)

R. G. HENDRY, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. (apptd. 1.5.58)

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.

ISOBEL R. S. TROUP, M.B., Ch.B., D.P.H. (apptd. 1.10.58)

FRANCES A. WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
(resigned 13.4.58)

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.P.

Senior Dental Surgeon

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

Dental Surgeons

A. P. ATKINS, L.D.S. (part-time w.e.f. 1.1.58)

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)

H. H. REVILL, L.D.S.R.C.S.

* Post abolished w.e.f. 1.10.58.

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.

County Health Inspector

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

County Analyst

J. S. LEA, B.Sc., A.R.I.C. (apptd. 1.5.58)

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

SECTION I

STATISTICS

EXTRACTS FROM VITAL STATISTICS FOR 1958

LIVE BIRTHS:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	3,039	2,970	6,009
Illegitimate	...	...	...	155	135	290
				<u>3,194</u>	<u>3,105</u>	<u>6,299</u>

Crude live birth rate per 1,000 estimated home population 18.3

STILLBIRTHS

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	60	52	112
Illegitimate	...	...	...	3	1	4
				<u>63</u>	<u>53</u>	<u>116</u>

Stillbirth rate per 1,000 total (live and still) births ... 18.1
 Total number of live and still-births ... 6,415

INFANT DEATHS:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	58	48	106
Illegitimate	...	...	...	7	1	8
				<u>65</u>	<u>49</u>	<u>114</u>

Infant mortality rate (all infant deaths per 1,000 live births) 18.1
 Legitimate infant mortality rate ... 17.6
 Illegitimate infant mortality rate ... 27.6

NEO-NATAL DEATHS*:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	45	36	81
Illegitimate	...	...	...	7	1	8
				<u>52</u>	<u>37</u>	<u>89</u>

Neo-natal mortality rate per 1,000 live births ... 14.1

* Within first four weeks of life.

ILLEGITIMATE BIRTHS:

Illegitimate live births per cent of total live births	4.6
---	-----

MATERNAL DEATHS:

No. of deaths	1
Maternal mortality rate per 1,000 live and still-births ...	0.16

GENERAL INFORMATION

The area of the geographical and administrative County at the end of 1958 was approximately 302,940 acres (474 square miles). Its greatest length is from North to South and is $36\frac{1}{2}$ miles; its greatest breadth is $22\frac{1}{2}$ miles from East to West. The County contains no County Boroughs but includes the three Non-County Boroughs of Bedford, Dunstable and Luton. There are, in addition, five Urban Districts and four Rural Districts.

At the 1st April, 1958, the rateable value was £4,267,840. The product of a penny rate for 1957-58 was, for general County purposes, £16,940. The estimated figure for 1958-59 is £17,593.

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 1958 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, 1958, were as follows:—

Administrative County	344,000
Urban Districts	234,300
Ampthill	3,420
Bedford M.B.	59,480
Biggleswade	8,110
Dunstable M.B.	21,300
Kempston	9,390
Leighton Buzzard	10,460
Luton M.B.	118,300
Sandy	3,840
Rural Districts	109,700
Ampthill	24,590
Bedford	32,890
Biggleswade	27,650
Luton	24,570

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. where the estimate showed a decrease of 20 and Kempston where the Barracks were closed during the year, some increase was recorded throughout the County. The net increase in the population of the County was 8,500.

BIRTHS

6,299 live births attributable to Bedfordshire residents were registered during 1958. 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 fifteen years. These rates are based on *civilian* populations for the years 1944-49 and on *home* populations for the years since.

The crude birth rate for the County in 1958 was 18.3, compared with 17.5 for 1957. Thus the upward trend since the low figure of 14.6 in 1952 continued. The national rate also increased, being 16.4 in 1958 compared with 16.1 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.

ILLEGITIMATE BIRTHS

There were 290 illegitimate live births registered in 1958. These constituted 4.6 per cent of the total live births, compared with 4.8 per cent in 1957. Of the 116 stillbirths, four were illegitimate. During the year, eight illegitimate infants under one year of age died, giving an illegitimate infant mortality rate of 27.6 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 17.6.

TABLE I—NUMBER OF BIRTHS, INFANT DEATHS AND STILLBIRTHS REGISTERED DURING 1958 (SUBDIVIDED ACCORDING TO LEGITIMACY),
TOGETHER WITH THE APPROPRIATE RATES FOR EACH OF THE COUNTY DISTRICTS

DISTRICTS	LIVE BIRTHS					DEATHS OF INFANTS UNDER 1 YEAR OF AGE					STILLBIRTHS			
	Legitimate	Ille- gitimate	Total	Crude Rate per 1,000 Home Pop.	Adjusted Rate	Legitimate	Ille- gitimate	Total	Rate per 1,000 live births	Legitimate	Ille- gitimate	Total	Rate per 1,000 total births (live and still)	
URBAN:														
Amphill ...	52	—	52	15.2	15.2	1	—	1	19.2	1	—	1	18.9	
Bedford ...	1,097	68	1,165	19.6	19.0	14	2	16	13.7	20	1	21	17.7	
Biggleswade ...	116	1	117	14.4	13.8	4	—	4	34.2	5	—	5	41.0	
Dunstable ...	408	21	429	20.1	19.1	7	1	8	18.6	7	2	9	20.5	
Kempston ...	151	8	159	16.9	18.1	2	—	2	13.6	4	—	4	24.5	
Leighton Buzzard ...	239	7	246	23.5	22.3	5	—	5	20.3	1	—	1	4.0	
Luton ...	2,079	97	2,176	18.4	18.4	36	4	40	18.4	45	—	45	20.3	
Sandy ...	67	7	74	19.3	19.7	1	—	1	13.5	1	—	1	13.3	
TOTALS	4,209	209	4,418	18.9	18.7	70	7	77	17.4	84	3	87	19.3	
RURAL:														
Amphill ...	355	20	375	15.3	15.4	4	—	4	10.7	6	—	6	15.7	
Bedford ...	528	20	548	16.7	19.8	12	—	12	21.9	9	1	10	17.9	
Biggleswade ...	408	13	421	15.2	16.7	9	1	10	23.8	6	—	6	14.1	
Luton ...	509	28	537	21.9	20.8	11	—	11	20.5	7	—	7	12.9	
TOTALS	1,800	81	1,881	17.1	18.3	36	1	37	19.7	28	1	29	15.2	
GRAND TOTALS	6,009	290	6,299	18.3	18.5	106	8	114	18.1	112	4	116	18.1	

TABLE II—BIRTH, INFANT MORTALITY AND STILLBIRTH RATES FOR URBAN AND RURAL AREAS OF COUNTY,
WHOLE COUNTY AND ENGLAND AND WALES 1944-58

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
1957	17.5	17.5	17.5	16.1	22.3	24.5	23.0	23.1	20.6	23.4	21.5	22.5
1958	18.9	17.1	18.3	16.4	17.4	19.7	18.1	22.5	19.3	15.2	18.1	21.6

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 the mother, breathe or show any other sign of life. It will be seen in Table I that there were 116 stillbirths attributable to Bedfordshire residents during 1958, giving a stillbirth rate of 18.1 per 1,000 total births (live and still), the lowest rate ever recorded for the County. 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 fifteen years. Illegitimate stillbirths constituted 3.4 per cent of the total in 1958, compared with 7.7 per cent in 1957.

DEATHS

As has already been stated, the figures of population include Service personnel stationed in the area. It follows, therefore, that the death of a serviceman should be ascribed to the area in which he is stationed. Altogether, 3,359 deaths attributable to Bedfordshire were registered in 1958. Table III shows the age distribution of the deaths registered in the years 1948 to 1958.

TABLE III—AGE DISTRIBUTION OF DEATHS IN BEDFORDSHIRE, 1948–58

Year	Deaths in age groups						Total
	0—	1—	5—	15—	45—	65—	
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
1957	135	19	14	161	801	2,292	3,422
1958	114	21	16	160	766	2,282	3,359

DEATH RATES

The death rate is calculated as the number of deaths per 1,000 of the same population. The rate for Bedfordshire in 1958 was 9.8, compared with 10.2 in 1957. Comparison of death rates of different districts is not valid unless the population structure of each is similar. For example, a district with a small population but containing a residential institution for old people will have an unduly high proportion of deaths and consequently

a high crude death rate. To overcome this difficulty and 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 1958 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 V. Table VI shows the age and sex distribution of the deaths from the various causes in the Urban and Rural Areas of the County. In order to bring out the relative importance of the principal diseases from a mortality point of view, Table VII has been prepared, showing the actual number of deaths from these diseases and from accidents of all kinds in 1958, together with the percentages of the total number of deaths attributable to them. The corresponding percentages for 1956 and 1957 are also shown.

TABLE IV—CRUDE DEATH RATES, AREA COMPARABILITY FACTORS, AND ADJUSTED DEATH RATES OF THE SANITARY DISTRICTS AND ENGLAND AND WALES, 1958

	Crude Death Rate per 1,000 Home Population	Area Comparability Factor	Adjusted Death Rate
Urban Districts ...	9.6	1.10	10.5
Ampthill ...	12.9	0.76	9.8
Bedford M.B. ...	10.0	0.99	9.9
Biggleswade ...	13.6	0.62	8.4
Dunstable ...	8.8	1.23	10.8
Kempston ...	8.7	1.06	9.3
Leighton Buzzard ...	10.6	1.11	11.8
Luton M.B. ...	9.1	1.21	11.0
Sandy ...	9.1	0.99	9.0
Rural Districts ...	10.2	0.95	9.7
Ampthill ...	10.9	0.97	10.5
Bedford ...	9.8	0.87	8.5
Biggleswade ...	11.1	0.87	9.7
Luton ...	9.0	1.19	10.7
Admin. County ...	9.8	1.06	10.3
England and Wales ...	11.7	1.00	11.7

TABLE V—CAUSES OF DEATH IN THE SANITARY DISTRICTS OF BEDFORDSHIRE, 1958

CAUSE OF DEATH		Administrative County	URBAN DISTRICTS								RURAL DISTRICTS					
			Amphill	Bedford	Biggleswade	Dunstable	Kempston	Leighton Buzzard	Luton	Sandy	TOTAL	Amphill	Bedford	Biggleswade	Luton	TOTAL
1.	Tuberculosis, Respiratory	11	—	2	—	—	—	—	6	—	8	1	—	2	—	3
2.	Tuberculosis, Other	5	—	1	—	—	—	—	1	—	2	1	—	1	—	3
3.	Syphilitic Disease	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1
4.	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5.	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6.	Meningococcal Infections	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1
7.	Acute Poliomyelitis	6	—	3	1	—	—	—	1	—	5	—	1	—	—	1
8.	Measles	1	—	—	—	1	—	—	—	—	1	—	—	—	—	—
9.	Other Infective and Parasitic Diseases	4	—	—	—	—	—	—	1	—	1	—	2	—	1	3
10.	Malignant Neoplasm—															
	Stomach	91	2	17	3	4	—	4	31	1	62	5	8	9	7	29
11.	Lung, Bronchus	129	4	16	4	8	2	2	53	2	91	7	11	11	9	38
12.	Breast	66	1	7	2	5	3	1	25	1	45	7	5	3	6	21
13.	Uterus	39	—	4	—	4	2	2	13	—	25	1	2	4	7	14
14.	Other Malignant and Lymphatic Neoplasms															
	Leukaemia, Aleukaemia	318	5	54	11	20	13	12	94	3	212	26	36	25	19	106
15.	Diabetes	19	—	2	—	1	—	1	6	—	10	3	3	1	2	9
16.	Vascular Lesions of Nervous System	27	—	7	—	4	2	—	6	—	19	1	2	2	3	8
17.	Coronary Disease, Angina	540	6	106	20	28	7	19	177	2	365	51	61	30	33	175
18.	Hypertension with Heart Disease ...	515	9	93	11	27	17	19	173	7	356	44	42	44	29	159
19.	Other Heart Disease	100	1	57	13	23	16	15	133	4	69	5	7	16	3	31
20.	Other Circulatory Disease	430	1	57	13	23	16	15	133	4	262	57	30	49	32	168
21.	Influenza	125	3	20	7	8	1	5	43	2	89	6	19	5	6	36
22.	Pneumonia	15	—	7	—	1	—	—	3	—	11	—	3	—	1	4
23.	Bronchitis	155	2	22	5	11	4	4	56	—	104	7	11	15	18	51
24.	Other Diseases of Respiratory System	159	3	39	6	7	2	3	46	3	109	8	17	17	8	50
25.	Ulcer of Stomach and Duodenum ...	34	—	11	—	1	—	1	12	—	25	4	2	2	1	9
26.	Gastritis, Enteritis and Diarrhoea ...	28	—	7	2	3	—	1	9	—	22	—	3	2	1	6
27.	Nephritis and Nephrosis	16	—	2	1	—	—	2	3	—	8	1	1	4	2	8
28.	Hyperplasia of Prostate	22	—	3	3	2	—	2	10	—	16	1	1	2	2	6
29.	Pregnancy, Childbirth, Abortion ...	22	—	3	3	2	—	2	3	1	14	2	1	3	2	8
30.	Congenital Malformations	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—
31.	Other Defined and Ill-defined Diseases	22	—	4	—	—	—	1	8	—	13	3	3	1	2	9
32.	Motor Vehicle Accidents	312	4	51	12	15	6	11	97	4	200	17	33	42	20	112
33.	All Other Accidents	44	1	9	—	5	1	1	12	1	30	—	5	6	3	14
34.	Suicide	65	2	20	3	1	1	—	12	—	39	7	10	7	2	26
35.	Homicide and Operations of War ...	34	—	8	—	1	—	—	14	3	26	2	1	4	1	8
36.	TOTALS: ALL CAUSES	2	—	—	—	—	—	—	1	—	1	—	—	1	—	1
TOTALS: ALL CAUSES		3,359	44	595	110	187	82	111	1,077	35	2,241	267	323	308	220	1,118

TABLE VI.—CAUSES OF DEATH IN URBAN AND RURAL AREAS OF BEDFORDSHIRE, 1958, 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									
1. Tuberculosis, Respiratory ...	—	1	—	1	—	3	4	—	7	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	1	2									
2. Tuberculosis, Other ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
3. Syphilitic Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
6. Meningococcal Infections ...	—	—	—	—	1	1	1	—	3	—	—	—	—	2	—	—	—	2	—	—	—	—	—	1	—	—	—									
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
8. Measles ...	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
9. Other Infective and Parasitic Diseases ...	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2									
Malignant Neoplasm—	—	—	—	—	—	15	12	12	39	—	—	—	—	—	9	7	7	23	—	—	—	—	6	3	6	15	—									
10. Stomach ...	—	—	—	—	—	6	40	25	79	—	—	—	—	—	4	6	2	12	—	—	—	—	17	10	7	34	—									
11. Lung, Bronchus ...	—	—	—	—	—	—	—	1	1	—	—	—	—	5	19	10	10	44	—	—	—	—	—	1	7	8	5									
12. Breast ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	7	7	25	—	—	—	—	—	1	3	6	4									
13. Uterus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
14. Other Malignant and Lymphatic Neoplasms ...	—	—	—	2	4	38	31	29	104	—	—	2	2	8	38	26	32	108	—	—	—	2	19	14	21	56	—									
15. Leukaemia, Aleukaemia ...	—	—	1	—	—	1	3	—	7	—	—	—	—	—	1	1	1	3	—	—	—	—	—	—	—	—	—									
16. Diabetes ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	5	5	12	—	—	—	—	2	—	1	3	—									
17. Vascular Lesions of Nervous System	—	—	—	—	—	6	88	88	56	238	—	—	—	—	18	39	61	118	—	—	—	—	4	35	36	29	104									
18. Coronary Disease, Angina ...	—	—	—	—	—	2	19	13	34	—	—	—	—	—	4	13	18	35	—	—	—	—	—	—	9	19	27									
19. Hypertension with Heart Disease	—	—	—	—	—	4	23	28	107	—	—	—	—	1	8	23	19	104	155	—	—	—	—	—	3	5	11									
20. Other Heart Disease ...	—	—	—	—	—	3	16	10	49	—	—	—	—	—	10	6	24	40	—	—	—	—	—	—	7	22	70									
21. Other Circulatory Disease ...	—	—	—	—	—	2	4	1	7	—	—	—	—	—	1	—	—	2	4	—	—	—	—	—	3	5	1									
22. Influenza ...	—	5	3	1	—	15	8	22	54	3	—	—	—	—	1	5	10	36	50	4	2	—	—	—	2	5	18									
23. Pneumonia ...	—	1	1	—	—	23	27	23	75	—	—	—	—	—	1	8	20	34	—	—	—	—	—	2	1	1	8									
24. Bronchitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
25. Other Diseases of Respiratory System ...	1	—	—	—	—	1	7	4	13	1	1	—	—	—	1	4	2	3	12	—	—	—	—	—	—	—	—									
26. Ulcer of Stomach and Duodenum	—	—	—	—	—	6	4	3	13	—	—	—	—	—	—	3	6	9	—	—	—	—	—	—	—	—	—									
27. Gastritis, Enteritis and Diarrhoea	—	—	—	—	—	1	1	1	3	1	—	—	—	—	1	—	1	2	5	1	—	—	—	—	—	—	—									
28. Nephritis and Nephrosis ...	—	—	—	—	2	1	2	2	7	—	—	—	—	—	1	3	1	4	9	—	—	—	—	—	—	—	—									
29. Hyperplasia of Prostate ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—									
30. Pregnancy, Childbirth, Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
31. Congenital Malformations ...	2	1	—	—	—	—	2	—	5	4	—	—	—	—	3	1	—	—	—	1	1	—	—	—	—	—	—									
32. Other Defined and Ill-defined Diseases ...	35	1	1	1	7	13	15	22	95	22	—	—	—	3	13	17	50	105	14	—	—	—	—	—	—	—	—									
33. Motor Vehicle Accidents ...	—	—	3	4	11	3	2	4	27	—	1	—	—	—	2	—	—	3	—	—	—	—	—	—	—	—	—									
34. All Other Accidents ...	1	—	2	3	5	4	5	3	23	1	—	—	—	1	—	4	9	16	—	—	—	—	—	—	—	—	—									
35. Suicide ...	—	—	—	—	2	4	5	1	15	—	—	—	—	—	2	6	1	2	11	—	—	—	—	—	—	—	—									
36. Homicide and Operations of War	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
TOTALS: ALL CAUSES ...	45	8	8	16	58	339	348	361	1,183	32	2	3	5	36	196	242	542	1,058	20	4	2	4	20	144	150	240	584									

TABLE VII—NUMBER OF DEATHS FROM PRINCIPAL FATAL DISEASES AND ACCIDENTS IN 1958, TOGETHER WITH PERCENTAGES OF THE TOTAL NUMBER OF DEATHS ATTRIBUTABLE TO THESE CAUSES IN 1956-58

	No. of deaths in 1958	Percentage of total deaths in 1958	Corresponding percentage in	
			1957	1956
Heart Disease	1,045	31.1	29.9	33.6
Cancer (including Leukaemia)	662	19.7	18.4	17.7
Cerebral Haemorrhage, etc.	540	16.1	15.2	14.5
Bronchitis	159	4.7	4.2	4.6
Pneumonia	155	4.6	5.3	4.7
Other Circulatory Diseases ...	125	3.7	4.0	4.0
Accidents (all forms) ...	109	3.2	3.6	3.6

These seven causes accounted for over four-fifths of the deaths in the County. It will be seen that the order remained almost the same as in 1957, the only difference being that Bronchitis and Pneumonia changed places. Heart Disease again headed the list, being responsible for nearly one-third of all deaths.

ACCIDENTS

Once again accidents of all kinds caused the deaths of over one hundred Bedfordshire residents in 1958. As in previous years, only two-fifths of these deaths were caused by motor vehicles and it may be assumed that, of the remainder, the majority resulted from accidents in and around the home.

Whilst the number of deaths among males aged 5-44 years is small, it is a matter for reflection that half the deaths in the age-groups 5-14 and 15-24 were due to accidents, as were over one-quarter of the deaths in the age-group 25-44.

TUBERCULOSIS

The death rate from respiratory tuberculosis has shown a remarkable decline in Bedfordshire during the past quarter of a century. In 1958 there were, according to the Registrar General, 11 deaths and the death rate of 3.2 per 100,000 home population was the lowest ever recorded. In 1931 the rate was 75. The rate for 1938 was 44. Ten years later, in 1948, it had dropped to 34. The corresponding death rate for England and Wales in 1958 was 8.9 per 100,000.

There were five deaths from non-respiratory tuberculosis in 1958. In 1948, there were 16 such deaths.

CANCER

There were 643 deaths attributable to malignant neoplasms in 1958 and a further 19 due to leukaemia or aleukaemia. The vast majority of cancer deaths occur in the second half of life, over half being of persons aged 65 years and over. Whilst much has still to be discovered concerning this disease, it can be said that there is a good hope of cure in certain types of cancer if treatment is undertaken early. Medical advice should, therefore, be sought immediately there is any suspicion of the disease.

In Bedfordshire, there were 129 deaths from lung cancer, compared with 136 in 1957 and 115 in 1956. The sex-age distribution of these deaths and of cancers of all other sites including leukaemia and aleukaemia is shown in Table VIII. 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 the urban and rural areas of the County. This difference has been noted in the country as a whole.

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

TABLE VIII—SEX-AGE DISTRIBUTION OF LUNG AND OTHER CANCERS*
IN BEDFORDSHIRE, 1950-58

	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	1	9
1954	—	—	—	5	49	34	10	98	—	—	—	1	8	5	2	16
1955	—	—	—	6	59	36	8	109	—	—	1	1	8	6	2	16
1956	—	—	—	7	51	24	17	99	—	—	—	2	6	3	2	11
1957	—	—	1	2	70	38	12	123	—	—	—	1	7	3	2	13
1958	—	—	—	6	57	35	15	113	—	—	—	—	7	6	3	16
ALL OTHER SITES																
1950	4	—	1	11	62	75	65	218	2	—	1	15	93	69	65	240
1951	2	1	1	14	74	64	58	214	3	3	2	24	82	73	63	225
1952	4	—	1	19	65	62	73	224	1	—	—	19	102	54	90	216
1953	1	1	2	12	63	71	65	215	3	2	2	24	74	54	79	205
1954	1	2	1	16	68	58	74	220	—	3	4	18	106	72	86	223
1955	3	1	2	11	86	73	77	253	2	1	1	13	93	96	95	264
1956	2	2	1	12	59	63	70	209	—	4	—	23	105	82	78	214
1957	1	2	2	12	70	60	63	210	2	1	2	20	105	70	83	220
1958	1	2	2	7	81	62	70	225	1	2	2	17	110	89	87	239

* Including leukaemia and aleukaemia

BRONCHITIS

For some years increasing attention has been paid to the incidence of chronic bronchitis. Amongst the causes of the condition are atmospheric pollution, smoking, dust at work, viruses and infection acquired in crowds. In this connection, Bedfordshire is fortunate in that it does not possess very extensive industrial areas such as exist in the North-West, where very high mortality rates from bronchitis are the rule. The average mortality rate per 100,000 population for England and Wales from 1950 to 1957 was 66.1, whilst for the County it was 48.9.

In Bedfordshire in 1958, 159 persons died from bronchitis. This figure is higher than that for 1957, but when regard is had to a number of previous years, it does not suggest that a steady increase of deaths from this cause is to be expected. Nevertheless, the present state of affairs cannot be accepted with equanimity, when to some extent at least the causes can be removed.

Within the County, the mortality in the combined Rural Districts is lower than in the combined Urban Districts, the average rates per 100,000 over the years 1950-58 being 43.0 and 51.2 respectively. The difference is interesting, considering that many rural residents work in the towns and many live near enough to the towns to be affected to some extent by any atmospheric pollution that may exist. The bulk of the Urban population is concentrated in the towns of Luton and Bedford and a curious feature of the statistics is the marked variation between the mortality rates for the two towns. Thus the highest rate recorded in Luton in the past nine years was 61.5 in 1955. In that year, the rate for Bedford was 58.9. On the other hand, the highest rate for Bedford was 65.6 in 1958, the year in which Luton had the very low rate of 38.9. Over the nine years the average mortality rate for Bedford was 52.6 against 50.6 for Luton.

The vast majority of the deaths occur in persons aged 45 years and over but there are marked differences between the sexes, and between urban and rural areas. In the urban areas, the total number of male deaths for the period 1950-58 was more or less evenly divided between the age-groups 45-64, 65-74 and 75 and over, whereas the bulk of the female deaths were at ages 75 and over. All told, male deaths were nearly double that of females. In the rural areas the number of male deaths increased with age, there being nearly twice as many at ages 75 and over as at ages 45-64. The majority of female deaths were in the age-groups 75 and over. The preponderance of male deaths over female deaths was even more marked in the rural districts, the number being almost two and a half times that of females.

MATERNAL MORTALITY

There was one death ascribed to maternal causes registered in 1958, giving a maternal mortality rate per 1,000 total (live and still) births of 0.16, compared with 0.50 in 1957. The corresponding rate for England and Wales in 1958 was 0.43. The cause of death was given as lobar

pneumonia and uraemia following acute tubular necrosis of kidneys following eclampsia. On the 29th July, when she was 34 weeks pregnant, the patient refused to go into hospital. She was admitted on the 4th August and gave birth to a still-born infant later the same day. Death occurred on the 17th August.

INFANT MORTALITY

During 1958, 114 infants under one year of age died, 89 of them within the first four weeks of life. The distribution of infant deaths amongst the County Districts is shown in Table I on page 11. 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 12 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 fifteen years. The rate for the County was 18.1, only 0.1 higher than in 1955 when the rate was the lowest ever recorded. The County rate in 1957 was 23.0. The causes and sex-distribution of the infant deaths registered in 1958 are set out in Table IX. Prematurity is included in "Other Defined Causes".

TABLE IX—CAUSES OF INFANT DEATHS IN URBAN AND RURAL AREAS, 1958
SUBDIVIDED ACCORDING TO SEX

CAUSE	URBAN DISTRICTS		RURAL DISTRICTS		COUNTY	
	Male	Female	Male	Female	Male	Female
Pneumonia	5	3	4	2	9	5
Bronchitis	1	—	—	—	1	—
Other Respiratory Diseases	1	1	—	—	1	1
Gastritis, Enteritis and Diarrhoea	—	1	1	—	1	1
Congenital Malformations ...	2	4	1	2	3	6
Other Defined Causes ...	35	22	14	12	49	34
Accidents*	1	1	—	1	1	2
TOTALS	45	32	20	17	65	49

* 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.

With the retirement of Dr. Elizabeth E. Brown in September, the post of Senior Assistant County Medical Officer for Maternity and Child Welfare was abolished and the specialised duties performed by Dr. Brown were transferred to the Divisional Medical Officers. At the same time, the establishment of Assistant County Medical Officers was increased by one and the vacancy was filled by Dr. Margaret S. Brothwood. In order to cope with poliomyelitis vaccinations, it had been necessary for some time to engage medical practitioners on a sessional basis. Eventually the work increased so much that it was decided to make a full-time appointment for a temporary period and this was filled by Dr. Isobel R. S. Troup. Another

change in the medical staff was occasioned by the retirement of Dr. Frances A. Williams, who, in addition to being Deputy Medical Officer of Health for the Borough of Bedford, was an assistant County Medical Officer and School Medical Officer. Her place was taken by Dr. R. G. Hendry. A full list of the senior officers in the County Health Department is given on pages 5 and 6.

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

SECTION 21—HEALTH CENTRES

There are no Health Centres of the type envisaged by the National Health Service Act, 1946, and there is no immediate prospect of action being taken to provide one.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care

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.

No clinics were opened or closed during the year. Of the 11 clinics functioning at the end of the year, seven were held in premises rented for the purpose. Details of attendances during 1958 are given in Table X. The number of women who attended was rather less than in 1957 and suggests that the increases recorded in the two previous years did not presage a revival in local authority ante-natal work. 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.

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. Where necessary, 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.

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 118 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 no such examinations were made during 1958.

TABLE X—DETAILS OF ANTE-NATAL CLINICS IN THE COUNTY AND ATTENDANCES DURING 1958

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 attendances
AMPTHILL— The Cedars	25	—	52	42	255
BIGGLESWADE— The Lawns, The Baulk	25	—	41	28	146
DUNSTABLE— Health Centre, Kingsway	56	—	179	148	851
HOUGHTON REGIS— Baptist Schoolroom	25	—	14	12	117
LEIGHTON BUZZARD— 1, Grovebury Road	26	—	56	39	211
†LUTON— Dallow Road	51	130	638	576	2,352
Farley Hill	—	25	140	111	516
Stopsley	—	78	453	358	1,485
‡SHEFFORD— Digswell House ...	24	—	5	5	30
‡STOTFOLD— Unionist Club ...	24	—	11	6	46
‡SUNDON— Skefco Sports Pavilion	27	—	6	3	30
TOTALS ...	283	233	1,595	1,328	6,039

* 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 sessions.

Infant Welfare Centres

Two new centres were opened in 1958; one in the village of Henlow and the other at Thurleigh. No centres were closed during the year so that the total number at the 31st December was 74. Table XI gives details of attendances during the year.

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.

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 $5\frac{1}{2}$ 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 XII. The total of 406 represented 6.4 per cent of notified live births in 1958. Of the 406, 44 or 10.8 per cent, died within 28 days. There were 66 premature stillbirths notified, representing 60.0 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 a Home in Luton. The Local Health Authority make substantial grants towards the costs incurred in providing these services.

The Bedford and County Girls' Home, which the St. Albans Diocesan Council provided in Bedford, was closed on the 31st March, 1957, and is not likely to be re-opened. It is hoped, however, that other premises providing accommodation for a small number of unmarried mothers will be obtained.

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, 39 Bedfordshire cases were admitted to homes outside the County during 1958. The arrangements whereby health visitors co-operate with voluntary association workers and hospital almoners in the care of illegitimate children were continued.

TABLE XI—DETAILS OF ATTENDANCES AT INFANT WELFARE CENTRES DURING 1958

Centre	No. of sessions during year	No. of children who attended during year				No. of attendances during year			
		Born in			Total	Age at date of attendance			Total
		1958	1957	1956-53		0-	1-	2-4	
Ampthill ...	50	51	55	84	190	997	314	440	1,751
Arlesey ...	24	55	61	8	124	627	215	119	961
Aspley Guise ...	26	30	26	30	86	368	148	247	763
Barton ...	26	55	40	60	155	689	271	223	1,183
Bedford—									
Barford Avenue	100	165	135	126	426	2,921	594	378	3,893
Brereton Road	102	326	113	109	548	3,892	507	232	4,631
Goldington ...	50	129	62	63	254	2,028	342	173	2,543
Putnoe ...	25	87	85	49	221	1,084	227	51	1,362
Queen's Park ...	50	67	76	85	228	1,229	366	248	1,843
Biggleswade ...	51	119	101	75	295	2,619	490	138	3,247
Blunham ...	15	6	6	25	37	129	108	112	349
Bromham ...	25	36	30	42	108	523	290	240	1,053
Caddington ...	25	67	73	58	198	1,183	371	229	1,783
Clapham ...	49	62	46	29	137	975	177	66	1,218
Clophill ...	13	17	16	22	55	155	63	102	320
Cranfield ...	26	22	35	53	110	361	180	283	824
Cranfield College	13	8	10	25	43	73	53	85	211
Dunstable ...	153	410	328	395	1,133	6,327	1,368	745	8,440
Eaton Bray ...	24	26	29	60	115	396	216	149	761
Eaton Socon ...	26	27	30	17	74	491	110	52	653
Elstow ...	52	90	60	39	189	1,530	342	182	2,054
Flitwick ...	49	37	57	74	168	921	252	365	1,538
Great Barford ...	13	11	6	12	29	65	17	44	126
Harrold ...	13	20	21	55	96	199	99	201	499
Haynes ...	25	9	13	13	35	174	103	174	451
Heath and Reach	26	25	22	38	85	360	194	84	638
Henlow, R.A.F. ...	48	108	89	38	235	1,799	331	133	2,263
Henlow Village (com. 27.11.58)	2	12	6	2	20	30	8	5	43
Houghton Conquest	13	2	10	16	28	84	63	87	234
Houghton Regis ...	52	54	45	81	180	1,169	314	225	1,708
Kempston ...	99	124	136	160	420	3,212	992	839	5,043
Carried forward	1,265	2,257	1,822	1,943	6,022	36,610	9,125	6,651	52,386

Centre	No. of sessions during year	No. of children who attended during year				No. of attendances during year			
		Born in			Total	Age at date of attendance			Total
		1958	1957	1956-53		0-	1-	2-4	
ht forward	1,265	2,257	1,822	1,943	6,022	36,610	9,125	6,651	52,386
erth ...	24	26	31	83	140	360	174	267	801
d ...	24	18	23	58	99	412	249	143	804
n Buzzard	86	169	106	108	383	2,630	393	209	3,232
wood ...	102	228	210	128	566	4,135	728	132	4,995
Street ...	51	134	91	74	299	2,566	282	99	2,947
w Road ...	50	184	146	127	457	2,685	432	139	3,256
Hill ...	51	108	116	137	361	1,629	315	170	2,114
ave, High									
et ...	50	104	66	48	218	1,640	226	92	1,958
ave, Marsh									
d ...	52	171	163	93	427	3,126	453	122	3,701
ury ...	100	186	166	91	443	3,280	511	146	3,937
Street ...	50	75	58	42	175	1,427	168	81	1,676
d Green ...	52	118	81	43	242	1,872	335	56	2,263
ane's ...	51	136	113	117	366	1,843	346	144	2,333
ey ...	105	271	247	94	612	4,110	649	157	4,916
Moretaine	25	24	38	25	87	463	95	95	653
Shelton	26	11	12	14	37	178	70	162	410
a ...	26	24	16	25	65	289	163	149	601
... ..	26	38	40	77	155	524	254	337	1,115
nt ...	26	20	19	30	69	233	137	202	572
... ..	14	13	8	16	37	98	61	73	232
... ..	24	64	57	85	206	573	341	332	1,246
ook ...	26	21	31	7	59	339	277	254	870
... ..	51	62	66	88	216	1,398	424	408	2,230
on ...	27	20	23	20	63	332	189	176	697
wn ...	26	39	49	45	133	422	165	116	703
l ...	24	35	29	33	97	460	194	124	778
on ...	12	8	7	15	30	67	30	50	147
ey ...	25	17	17	35	69	286	172	211	669
... ..	24	60	88	13	161	861	275	160	1,296
r ...	28	90	62	56	208	1,176	404	198	1,778
a ...	26	16	11	43	70	273	126	254	653
... ..	52	103	100	80	283	1,956	379	279	2,614
ord ...	12	10	9	15	34	68	75	71	214
h									
(15.1.58)	13	13	25	28	66	140	98	110	348
ton ...	52	50	35	60	145	1,112	294	247	1,653
... ..	12	4	11	23	38	60	58	100	218
ng ...	25	19	16	32	67	257	103	170	530
... ..	13	19	15	16	50	144	49	49	242
... ..	25	24	12	33	69	219	102	231	552
a ...	25	25	29	36	90	457	227	166	850
gworth ...	13	9	8	20	37	125	66	86	277
on ...	13	8	10	15	33	71	28	16	115
ton ...	12	8	12	22	42	86	71	121	278
TOTALS ...	2,816	5,039	4,294	4,193	13,526	80,992	19,313	13,555	113,860

TABLE XII—NUMBER OF PREMATURE BIRTHS NOTIFIED IN THE COUNTY DURING 1958, 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					TOTAL					
		3 lb. 4 oz. or less	Over 3 lb. 4 oz. to 4 lb. 6 oz.	Over 4 lb. 6 oz. to 4 lb. 15 oz.	Over 4 lb. 15 oz. to 5 lb. 8 oz.	TOTAL	3 lb. 4 oz. or less	Over 3 lb. 4 oz. to 4 lb. 6 oz.	Over 4 lb. 6 oz. to 4 lb. 15 oz.	Over 4 lb. 15 oz. to 5 lb. 8 oz.	TOTAL						
Died in first 24 hours ...	3	—	1	—	1	2	—	1	—	—	1	17	3	2	1	23	26
Died on 2nd day to 28th day	1	—	—	1	—	1	—	—	—	—	—	8	5	2	2	17	18
Survived 28 days ...	114	1	8	17	75	101	1	5	2	5	13	18	53	55	122	248	362
TOTALS ...	118	1	9	18	76	104	1	6	2	5	14	43	61	59	125	288	406

Birth Control

The Authority provide 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 XIII.

TABLE XIII—ATTENDANCES AT BIRTH CONTROL CLINICS, 1958

	Number of women who attended for the first time	Total number of women who attended	Total number of attendances	No. of sessions
Bedford, Barford Avenue	46	222	424	23
Dunstable	49	82	256	25
Luton, Beechwood Health Centre	239	899	1,029	57
TOTALS ...	334	1,203	1,709	105

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 circumstances in which it is desirable for facilities to be made available by the local health authority, either by way of day nurseries or daily minders. For some years, five day nurseries were maintained by the County Council but the decline in demand in Leighton Buzzard made the continuation of the nursery there unjustifiably expensive. Accordingly, this nursery was closed on the 29th March, 1958, leaving four nurseries operating at the end of the year. Details of accommodation and attendance are given in Table XIV. Nursery students continued to be trained at all the Luton nurseries. At the end of the year, five students were in training, six having qualified during the year.

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.

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 years to be similarly looked after must be registered. At the end of the year, one nursery providing for 25 children, and 12 daily minders providing in all for 89 children, were so registered.

TABLE XIV—ACCOMMODATION AND AVERAGE DAILY ATTENDANCE AT THE DAY NURSERIES IN 1958

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	10	30	10	36	7	25
LUTON— Alder Crescent* ...	20	30	14	35	10	31
Manor Road* ...	16	34	9	44	8	32
Stopsley* ...	16	24	11	32	10	22

* Training Nursery.

Daily Minders

Although the numbers did not justify keeping the Leighton Buzzard Day Nursery open, it was felt that some alternative provision should be made, not only for those children who were then attending the nursery, but for any subsequent cases where daily care might be needed. Accordingly, an addendum was made to the Authority's Scheme under Section 22 of the National Health Service Act, 1946, as follows:—

“The Council propose to make arrangements whereby children may, in circumstances which the Council may from time to time approve and in particular where in the opinion of the Council the mother cannot reasonably make other arrangements, be cared for by day without charge to the parents apart from the recovery of the cost of food or articles provided by the minder (in accordance with para. 5 of Circular 100/48) by persons whose names are entered on the register which the Council propose to maintain as hereinafter provided.

"In furtherance of the foregoing arrangements the Council will maintain a register of persons approved by them as suitable to receive children by day, and such persons will, so long as they are registered and subject to such conditions as the Council may determine, be paid such fee as may from time to time be fixed by the Council."

Mention has been made in the previous sub-section of the Nurseries and Child Minders Regulation Act, 1946, and there is a clear distinction to be drawn between child minders registered under the Act and those registered under the present scheme. Perhaps the main difference is that a child minder for the purposes of the Act is a person caring for three or more children. A child minder under the Authority's scheme must be registered even though she takes only one child. In addition the scheme allows the Authority to be selective and to choose those persons considered to be best fitted for the task, whereas persons applying to be registered under the Act must be registered provided they fulfil the requirements.

At the end of the year there were 14 approved daily minders of whom seven were actually caring for children. The number of children being minded was nine. The number of child-days for which care was provided during the first nine months of the scheme was 1,190.

Whilst the scheme was introduced to cope with the situation in Leighton Buzzard it has since been decided to authorise Divisional Medical Officers, in consultation with the Chairmen of the Divisional Committees, to institute schemes on the same basis in other areas where necessary.

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. Details of the work done during the year are given in Tables XV and XVI.

The following report has been contributed by the Senior Dental Surgeon, Mr. R. B. T. Dinsdale:—

"All dental reports have, for some years past, included paragraphs about the shortage of dental staff, and it is highly probable that this practice will continue. This Authority is no exception. Over twelve months ago two full-time dental officers left the County Service, and repeated advertisements in both lay and professional press have not produced one applicant for these vacancies.

"The position continues to deteriorate not only in Bedfordshire but all over the country, and so far as can be seen there is unlikely to be any improvement. Young dentists are not joining the Local Health Authority service as a career, although some may take part-time appointments whilst building up practices, leaving as soon as the practice grows. In addition, only very few dentists show promise of staying in the service, and, in fact, there are now more dentists over the age of 60 than under the age of 30 in Local Health Authority service—a state which indicates no future for 'School Dentistry'.

"During 1958 it has been necessary to 'lay up' one mobile surgery and almost to close down the Biggleswade Dental Clinic. Three clinics still continue to give sessions for the treatment of expectant and nursing mothers, as well as pre-schoolchildren. These clinics, giving full-time services where complete treatment can be obtained, are at Bedford (St. Peter's), Dunstable and Leighton Buzzard. The position may seem very black but any entitled patients can still get treatment at any of the functioning clinics by applying for an appointment.

"The acute shortage of County dental staff, and indeed the shortage of dentists throughout the country, coupled with the rapid increase in the incidence of dental disease, calls for a realisation by the general public of their responsibilities. Any efforts they can make towards decreasing the incidence of dental disease would be a step of the first importance.

"The dental staff with the co-operation of the Health Education Officer are willing at all times to help any responsible organisation in an effort to promote dental hygiene.

"The importance of dental health cannot be over-emphasised. While dental disease is not in itself a killing disease it can—and does—reduce the patient's chances of recovery in those diseases which are killing. It reduces one's feeling of well-being and is responsible for more avoidable pain and suffering than any other disease known to civilisation.

"The incidence of dental disease was reduced during the war by forced discipline in diet, e.g. shortage of sugar and carbo-hydrates and a little effort on the part of the public in the sensible use of these foods now used in excess would produce a marked improvement in their dental condition without undue hardship."

TABLE XV—FORMS OF DENTAL TREATMENT PROVIDED AT DENTAL CLINICS DURING 1958

	Extractions (teeth)	General Anaes- thetics	Fill- ings	Scalings and gum treat- ment	Silver nitrate treat- ment	Crowns or Inlays provid- ed	Radio- graphs	Dentures provided	
								Full upper or lower	Partial upper or lower
BEDFORD—									
Mothers	40	1	16	1	—	—	—	2	7
Infants	23	5	49	—	—	—	1	—	—
BIGGLESWADE—									
Mothers	12	1	—	—	—	—	—	—	—
Infants	—	—	—	—	4	—	—	—	—
DUNSTABLE—									
Mothers	218	75	141	63	—	—	5	16	26
Infants	133	76	31	7	—	—	—	—	—
LEIGHTON BUZZARD—									
Mothers	81	28	11	56	—	—	—	5	5
Infants	44	26	10	19	—	—	—	—	—
LUTON—									
Mothers	18	5	—	3	—	—	2	—	1
Infants	131	51	25	—	—	—	—	—	—
TOTALS: Mothers ...	369	110	168	123	—	—	7	23	39
Infants	331	158	115	26	4	—	1	—	—

TABLE XVI—MOTHERS AND INFANTS PROVIDED WITH DENTAL CARE AT DENTAL CLINICS DURING 1958

					Examined	Needing Treatment	Treated
BEDFORD—							
Mothers ... ..	...	...	...	...	9	9	9
Infants ... ..	...	...	...	...	48	41	41
BIGGLESWADE—							
Mothers ... ..	...	...	...	...	2	2	1
Infants ... ..	...	...	...	...	2	2	2
DUNSTABLE—							
Mothers ... ..	...	...	...	...	63	62	62
Infants ... ..	...	...	...	...	98	97	97
LEIGHTON BUZZARD—							
Mothers ... ..	...	...	...	...	27	27	27
Infants ... ..	...	...	...	...	51	51	51
LUTON—							
Mothers ... ..	...	...	...	...	10	10	9
Infants ... ..	...	...	...	...	64	60	60
TOTALS: Mothers ...					111	110	108
Infants					263	251	251

Welfare Foods

The term "Welfare Foods" embraces national dried milk, orange juice, cod liver oil and vitamin A and D tablets. 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, 111 minor centres, three new ones having been opened at Colmworth, Henlow and Oakley, and the centre at Harlington having been closed temporarily. These minor centres are located at infant welfare centres, shops, 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. There was a further increase in the number of centres stocking National Dried Milk and continued efforts were made to provide better distribution and improved service. The success which has attended these efforts by the Welfare Foods Officer is demonstrated by the fact that now there is hardly a family even in the more isolated parts of the County which is not within reasonable distance of a distribution centre. As a result, it is rarely necessary these days to send national dried milk 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, 1958, the staff comprised 19 whole-time midwives, 35 nurse-midwives (two being part-time) 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 latter and only one of the former 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 1958 is given in Table XVII. The number of cases delivered in hospital and discharged into the care of domiciliary midwives before the fourteenth day was 363. 40.0 per cent of all notified Bedfordshire births (live and still) in 1958 were domiciliary, compared with 40.2 in 1957 and 38.4 in 1956.

During 1958, 16 midwives attended refresher courses organised by the Royal College of Midwives. The Assistant Non-Medical Supervisor of Midwives attended a relaxation and parentcraft course organised by the Royal College of Midwives and the Divisional Nursing Officer attended a recognised course organised by the Association of Supervisors of Midwives.

Analgesia in Childbirth

All the midwives employed by the Authority are qualified to administer gas and air analgesia and 55 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 1,882 women delivered by the Council's midwives without a doctor being present, 1,426 or 75.8 per cent, received gas and air analgesia. Of the 601 cases where a doctor was present at the delivery, 480 or 79.9 per cent, received gas and air. Pethidine was administered by the midwives to 359 women when a doctor was present and to 5,066 when no doctor was present at the time of delivery.

TABLE XVII—NUMBER OF DELIVERIES ATTENDED BY MIDWIVES DURING 1958, SHOWING NUMBER OF CASES IN WHICH DOCTOR WAS PRESENT

	Domiciliary cases					Cases in Insti- tutions
	Doctor not booked		Doctor booked		Total	
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present		
employed by County	8	105	593	1,777	2,483	—
employed by Hospital Management Committees ...	—	—	—	—	—	2,700
in Private Practice (includ- ing Homes)	—	—	5	—	5	169
TOTALS	8	105	598	1,777	2,488	2,869

SECTION 24—HEALTH VISITING

During recent years the scope of the health visitor's duties has been gradually extended. In her work with mothers and children, greater emphasis is now laid on health education. At the same time, more and more of her time is taken up by problem families and with the care of old people. Further details concerning problem families are given in that part of this Report dealing with Section 28 of the Act.

At the 31st December, 1958, there were 37 qualified health visitors employed by the Authority. Five were doing full-time health visiting, 29 combined health visiting with school nursing, and three were combining health visiting with midwifery, home nursing and school nursing. In Luton it was still necessary to make use of some nurses not trained as health visitors.

During the year, 17,189 families were visited and 22,601 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:—

	<i>First Visits</i>	<i>Total Visits</i>
Expectant mothers ...	1,112	1,780
Children under 1 year ...	6,383	31,114
Children between 1 and 2 ...		13,201
Children between 2 and 5 ...		26,649
Other cases ...		3,633

The total number of attendances made by Health Visitors at clinic sessions during the year was 4,128.

In accordance with the recommendation of the Rushcliffe Committee, one Health Visitor attended an approved course in 1958.

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.

Reference has been made in previous reports to the increased use of antibiotics (penicillin in particular) given by injection. Similarly, more and more patients have had drugs administered in this way—notably mersalyl for those with heart disease. The giving of injections at frequent intervals has resulted in many hundreds of visits being paid by the home nurses without any real nursing work being required. During 1958, general

practitioners prescribed far fewer injections in favour of preparations that could be taken by mouth with the result that the number of visits dropped tremendously. This allowed more time for patients requiring actual nursing. Unfortunately, the indications are that in many cases the oral preparations were unsatisfactory substitutes and there are signs of a swing back to injections.

Home nursing is more and more concerned with the care of the aged. Thus of the 7,104 patients attended in 1958, 3,073 (i.e. 43.3 per cent) were 65 years of age or over. The corresponding percentage in 1957 was 40.8. The average number of visits paid to old people was 35, compared with 13 in the case of patients under 65 years of age.

At the 31st December, 1958, there were, in addition to the 35 nurse-midwives and three health visitor-nurse-midwives already mentioned, 33 full-time nurses of whom seven 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 numbers of visits paid.

<i>Type of Case</i>	<i>No. of Cases</i>	<i>No. of Visits</i>
Medical	4,939	129,253
Surgical	1,030	27,097
Infectious Disease	4	30
Tuberculosis	68	2,574
Maternal Complications	39	333
Others	1,024	2,176
TOTALS	7,104	161,463

The Queen's Institute of District Nursing arranges refresher courses for District Nurses. Two nurses attended such courses in 1958.

SECTION 26—VACCINATION AND IMMUNISATION

Smallpox Vaccination

Severe outbreaks of smallpox are now rare in this country. The disease is, however, still present in Eastern countries and there is always a risk that the disease will be brought into the country either by someone who is infected but who arrives before the illness has become apparent, or by material such as raw cotton. The traveller abroad is at much greater risk, particularly in the East, and protection against the disease by means of vaccination is often a pre-requisite for travel or for entry into many countries. With foreign travel becoming much more commonplace, the probability is that a substantial number of people will, at some time or another, find it desirable to be vaccinated. Thus the need for vaccination is still present and, as vaccination for the first time can cause considerable discomfort in an adult this is best done in infancy.

In Bedfordshire all vaccination against smallpox under the Scheme is undertaken by general practitioners. Table XVIII shows the number of persons vaccinated for the first time during 1958 in each of the Divisions. Although there was a decrease of 562 in the total number of persons vaccinated for the first time, there was an increase over the previous year of 53 in the number of infants. A substantial increase in infant vaccinations in the Southern Division combined with small increases in the Eastern and Northern Divisions, more than offset the drop in the number of infants vaccinated in Luton. For the County as a whole, the number of infants under one year of age who were vaccinated was 30.2 per cent of births registered in 1958. The corresponding figure for the previous year was 31.5 per cent, whilst in 1950 it was only 16.0 per cent. These figures are encouraging but they are still not enough. During 1958, 618 persons were re-vaccinated, compared with 1,203 in the previous year.

TABLE XVIII—NUMBER OF PERSONS IN EACH DIVISION VACCINATED FOR THE FIRST TIME DURING 1958, SUBDIVIDED ACCORDING TO AGE

Age at date of vaccination	DIVISION				Totals
	Northern	Southern	Eastern	Luton	
Under 1 year ...	768	497	149	491	1,905
1 year ...	99	25	43	42	209
2-4 years ...	105	23	11	24	163
5-14 years ...	87	38	17	40	182
Over 14 years ...	115	45	18	55	233
TOTALS ...	1,174	628	238	652	2,692

Diphtheria Immunisation

There were no cases of diphtheria in Bedfordshire in 1958 but it will be recalled that a fatal case occurred in the previous year. The need for immunisation 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 and needs to be reinforced by a "booster" injection. The practice has developed of giving these injections when the child enters school at the age of five, and again at the age of ten, i.e. in the last year at primary school.

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 be seen from Table XIX, the immunity index for the age-group 1-4 years at the end of 1958 was 70.0, but only 50.0 for the age-group 5-14 years. The corresponding figures for the previous years were 68.6 and 55.3. Table XX shows the number of children immunised during 1958. The number of primary immunisations was 900 more but the number of "booster" injections fell greatly by 1,603.

TABLE XIX—NUMBER OF CHILDREN IN THE COUNTY KNOWN TO HAVE COMPLETED A FULL COURSE OF IMMUNISATION BY 31ST DECEMBER, 1958, SUBDIVIDED ACCORDING TO THE AGE AT THAT DATE

Age at 31.12.58	Under 1	1-4	5-9	10-14	Total Under 15
Last complete course of injections (whether primary or booster)—					
1954-58	884	14,229	16,451	10,242	41,806
1953 or earlier ...	—	—	4,592	13,621	18,213
Estimated mid-year child population	5,960	20,340	53,400		79,700
Immunity Index	14.8	70.0	50.0		52.5

TABLE XX—NUMBER OF CHILDREN WHO RECEIVED A FULL COURSE OF PRIMARY DIPHTHERIA IMMUNISATION IN 1958, 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	3,241	1,557	465	5,263
"Booster" Injections ...	—	65	3,308	3,373

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 XXI that in the vast majority of cases the combined prophylactic is preferred. As far as is known, in 1958 only 17 cases of whooping cough occurred in children who had received a full course of injections.

TABLE XXI—NUMBER OF CHILDREN PROTECTED AGAINST WHOOPING COUGH ALONE OR IN CONJUNCTION WITH DIPHTHERIA IMMUNISATION DURING 1958, SUBDIVIDED ACCORDING TO AGE ON COMPLETION

	AGE							Total
	0-	1-	2-	3-	4-	5-9	10-14	
Combined with Diphtheria Immunisation	3,064	1,009	199	90	53	104	21	4,540
Alone	92	21	3	1	2	10	—	129
TOTALS	3,156	1,030	202	91	55	114	21	4,669

Poliomyelitis Vaccination

In last year's Report, an account was given of the development of poliomyelitis vaccination in general and its introduction into this country. At the beginning of 1958, vaccination was being offered to all children aged 6 months to 15 years, to expectant mothers, and to general practitioners, ambulance personnel and their families. Two injections were being given.

The supplies of vaccine, particularly from Canada and the U.S.A. increased to such an extent during the year that it became possible to give third injections, and also to extend the age-group for vaccination to 25 years. In addition vaccination was offered to hospital staffs. The details were circulated to local health authorities on the 2nd September, 1958.

In Bedfordshire by the end of the year, 56,684 children aged six months to 15 years had been registered for vaccination out of a total eligible population of approximately 82,000, i.e. 69 per cent. Of approximately 6,000 expectant mothers, only about one quarter (1,502) had registered. 8,796 registrations were recorded for the age-group 16 to 25 years. As there are about 50,000 persons of this age in the County, it means that 17 per cent had registered by the 31st December. In fact, the figure may well be much nearer to 20 per cent, because it is probable that many of the expectant mothers who registered as such were aged 16 to 25 although they have not been counted in that age-group. The other persons who registered were those at special risk, such as doctors and ambulance personnel. Details of vaccinations carried out are given in Table XXII.

TABLE XXII—No. OF PERSONS IN VARIOUS GROUPS REGISTERED FOR POLIOMYELITIS VACCINATION TOGETHER WITH No. OF INJECTIONS GIVEN AT 31ST DECEMBER, 1958

	No. registered	No. vaccinated			Awaiting vaccination
		3 injections	2 injections	1 injection	
Children aged 6/12-15 ...	56,684	6,145	46,165	1,842	2,532
Young persons aged 16-25 ...	8,796	5	1,917	4,141	2,733
Expectant mothers	1,502	2	1,123	165	212
Others ...	829	14	763	11	41
TOTALS ...	67,811	6,166	49,968	6,159	5,518

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 Kushden and District Motor Ambulance Association respectively.

Radio-telephones are installed in all vehicles and radio control centres are situated at the Luton and Kempston depots. In the south the Dunsable depot is linked with Luton, and in the north the Ampthill and Biggleswade depots are linked with Kempston. The system works well.

At the 31st December, 1958, the total ambulance personnel directly employed numbered 70. It comprised one superintendent, one maintenance officer, five station officers, two deputy station officers and 61 driver-attendants. A valuable reinforcement 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 travelled 160,052 miles conveying 5,402 patients on 2,609 journeys for the Authority. Car Fire Services were employed to convey 306 patients to and from the Chest Clinic in Bedford, and 3,111 miles were travelled on 130 journeys.

TABLE XXIII—JOURNEYS AND MILES DONE BY AND ON BEHALF OF THE COUNTY AMBULANCE SERVICE, 1958

DEPOT	EMERGENCY CASES						SICKNESS AND OTHER CASES						ALL CASES			
	IN-COUNTY			OUT-COUNTY			IN-COUNTY			OUT-COUNTY			IN-COUNTY		OUT-COUNTY	
	JOURNEYS		MILES	JOURNEYS		MILES	JOURNEYS		MILES	JOURNEYS		MILES	JOURNEYS		MILES	MILES
Bedford ...	1,285	13,030	908	14	14	908	3,096	129,542	149	15,972	4,381	142,572	163	16,880		
Biggleswade ...	412	11,187	5,693	164	164	5,693	1,296	46,881	610	27,363	1,708	58,068	774	33,056		
Ampthill ...	518	13,648	934	22	22	934	1,644	70,664	233	12,104	2,162	84,312	255	13,038		
Dunstable ...	935	13,901	1,697	37	37	1,697	1,341	51,348	127	8,371	2,276	65,249	164	10,068		
Luton ...	2,016	22,663	2,320	51	51	2,320	2,299	68,116	531	41,392	4,315	90,779	582	43,712		
Linslade (Bucks. C.C.) ...	102	3,240	2,202	91	91	2,202	458	10,974	766	16,572	560	14,214	857	18,774		
Rushden Ambulance ...	—	—	96	3	3	96	—	—	42	914	—	—	45	1,010		
TOTALS	5,268	77,669	13,850	382	382	13,850	10,134	377,525	2,458	122,688	15,402	455,194	2,840	136,538		

Wherever possible patients who have to travel long distances are sent by train. This was done in 171 occasions during the year, 27 of the patients being stretcher cases. It is pleasing to record that the arrangements made for the patients by British Railways are most satisfactory. It is fitting also that tribute should be paid to the London County Council for the help given to patients sent to London by train, either by transporting them to their final destinations or to other main-line stations from which they continue their journeys.

Table XXIII shows the number of journeys made and miles travelled by vehicles at each of the five depots and by the Linslade and Rushden depots during 1958. These figures have been divided into two groups—accidents and other emergencies, and sickness and other cases. Of the 85,981 miles travelled by the County Council's vehicles in conveying accidents, etc., 26,952 were done at night (i.e. between 8.0 p.m. and 8.0 a.m.) The Linslade Depot did 3,448 of its 5,442 miles in conveying accidents, etc. at night. In the case of sickness, the County depots did 6,324 miles at night out of a total of 471,753 and the Linslade Depot 24 miles out of 27,546. The Rushden Ambulance Service did no journeys at night. Altogether, the Council's vehicles recorded 557,734 miles during 1958 and of that total 7,181 miles were travelled on behalf of other authorities.

Table XXIV shows the total mileages travelled in the years 1954–58 in providing an ambulance service for Bedfordshire, and includes mileages recorded by other Ambulance Services acting on the Council's behalf.

TABLE XXIV—MILES TRAVELLED IN PROVIDING AMBULANCE SERVICE FOR BEDFORDSHIRE, 1954–58

Work done by	1954	1955	1956	1957	1958
County Council Depots* ...	588,780	585,865	562,141	547,398	550,553
Hospital Car Service ...	137,014	156,179	164,663	152,196	160,052
Car Hire Services ...	23,819	15,504	11,090	5,895	3,111
Bucks. C.C. (Linslade Depot)	37,525	34,930	35,020	31,476	32,988
Rushden Ambulance ...	4,308	4,268	3,060	1,835	1,010
Other Authorities ...	12,751	13,998	16,390	14,367	12,308
TOTALS ...	804,197	810,744	792,364	753,167	760,022

* 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 are employed full-time by the Authority and the establishment also provides for two Welfare Officers. Both posts have been vacant since the 30th June, 1957. From January to the end of July, 1958, a temporary social worker was employed in the north of the County. Since then the Tuberculosis Visitors have coped to the best of their ability.

In appropriate cases extra nourishment in the form of milk and eggs is provided and 128 patients benefited in this way during 1958. Tuberculous patients being nursed at home also receive domestic help if required, and 10 persons were so assisted during the year. Beds, bedding and shelters are available, in addition to medical comforts. At the end of the year 29 tuberculous patients were receiving occupational therapy at home.

Although little use is now made of the Scheme, arrangements still 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 at Preston Hall and none in Papworth Village Settlement.

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 1958.

The Authority have made arrangements under Section 28 for B.C.G. vaccination of contacts of tuberculous persons. During the year, 474 contacts were vaccinated. In addition, 68 members of hospital staff received protection. Where the contact is a new-born baby of tuberculous persons, there is a scheme whereby it is segregated prior to receiving B.C.G. vaccination but the necessity for this did not arise during 1958. Details of the scheme to vaccinate 13-year-old schoolchildren are given in Section III of this Report.

Other Types of Illness

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

Medical Comforts

The Authority provide certain articles of 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 28 Medical Comforts Depots in the County at the end of the year, a new depot having been opened at Stotfold.

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. A charge is made depending upon the family's financial circumstances. During 1958, eight adults and eight children were sent away under this scheme.

Occupational Therapy

Previous reports have explained at length what is meant by occupational therapy. It is far more than a means of providing homebound patients with craftwork for the purpose of occupying their time. An important aspect of the work is the rehabilitation of mental patients and of persons suffering from physical disabilities, either temporary or permanent.

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 material to the value of 16s. 0d.

By the very nature of the work, there can be no quick turnover of patients and whilst new patients are continually being referred, the number being taken off the registers is small. The two occupational therapists, one in the north of the County and the other in the south, have been reluctant to refuse help but eventually the limit was reached and there is now a waiting list with the possibility of a long wait before a patient can be fitted in. In the north of the County it became necessary to remove many patients from the register in order that more time could be given to the more serious cases. Even so, visits have to be arranged according to a strict time table and many cases are only seen once in four weeks. With any break in visiting, this period becomes much longer. At the 31st December, 1958, 150 patients were being attended at home. They were in the following categories:—

Respiratory tuberculosis	...	...	...	...	23
Non-respiratory tuberculosis	...	...	...	...	6
Other respiratory diseases	...	...	...	...	10
Heart diseases	...	...	...	...	7
Other circulatory diseases	...	...	...	...	1
Diseases of the central nervous system	...	...	...	...	47
Arthritis	...	...	...	...	23
Other diseases of bone and joint	...	...	...	...	3
Congenital malformations	...	...	...	...	5
Mental illness	...	...	...	...	6
Others	...	...	...	...	19

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

"Problem Families"

The term "problem family" has come into general use in the last ten to fifteen years but there has been a wide divergence of views as to what it means. Many attempts at definition have been made, either in terms of failure to improve through contact with the social services or of failure to attain certain minimum social standards. The difficulty is that the social services available vary in different localities as do the social standards and refuge is sought in the statement that the problem family is hard to define but easy to recognise.

What is indisputable is that certain families, because of their conditions of life and their failure to respond to the social assistance available, present many difficulties to local authorities. Whatever label is applied to such a family, the difficulties are there and sooner or later the local authority is faced with the problem of dealing with them. Then, too, there are the families with problems which may well reach the point of causing a disruption of normal home life with consequent risk to the mental health of the children.

In Bedfordshire, when a health visitor becomes aware of the difficulties of a family she does what she can to help. In this she is assisted by the Deputy Superintendent Health Visitor whose special duty it is. If she feels that unaided she cannot resolve the difficulties, the health visitor 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 may then bring the matter before the local co-ordinating committee. This committee consists of representatives of the various official and voluntary bodies who may be able to assist in finding a solution. For example: Public Health Inspector; Housing Manager; Health Visitor; Nursing Officer; Home Help Organiser; Welfare Officer; Children's Officer; N.S.P.C.C. Inspector; Area Officer, National Assistance Board; Probation Officer; Hospital Almoner; W.V.S. Organiser; Mental Health Worker; Manager, Employment Exchange; Youth Employment Officer; Education Welfare Officer.

The amount of time that a health visitor or any other officer can give to these families is severely restricted by the officer's normal duties and there is a very great need for *ad hoc* social workers such as those trained by the Family Service Units to supplement the efforts made by the existing services to prevent the break-up of family life and to rehabilitate families where serious problems have already arisen. A suitably experienced Social Worker was appointed to the staff of the Health Department towards the end of 1957. Under his guidance, a number of "problem families" have made considerable headway but it is probable that most if not all would slip back if left to themselves so that they must be regarded as a long-term or even permanent burden. The majority of his cases are families with problems and he has been able to render valuable "first aid". This may or may not have averted further trouble. Perhaps some would

have recovered on their own or with the help of some other agency, but some would undoubtedly have become problem families if not helped at a critical time.

At the end of the year, the Health Committee recommended the appointment of two additional social workers.

Specially selected home helps are a great help with some families, giving the mother practical instruction in housecraft, including the proper spending of whatever money is available.

In suitable cases, the Authority send mothers and their children (if under 7 years) to a recuperative centre (e.g. Brentwood) for a period. The aims are to improve the health of the mother; give personal assistance with her problems and to encourage a higher standard of home management; and to encourage the healthy and happy development of the children.

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 done by personal contact both in the home and in the clinic. 28 film shows and 10 talks were given to various groups by the Health Education Officer during the year. In addition, talks were given by other members of the staff. Thus, health education was carried on continuously during the year in one form or another.

In Luton, health education is undertaken by the Borough Health Committee, the Local Health Authority contributing 50 per cent of the expenditure incurred.

An annual grant is made to the Central Council for Health Education. Amongst the various services which that Body render to Local Health Authorities are courses of in-service training. The opportunity was taken to hold such a course for members of the Health Department staff from the 9th to the 11th April on the subject of "Public Relations". This was conducted by Dr. A. J. Dalzell-Ward of the Central Council. Thirty-two members of the staff attended all or part of the course, together with four members of the staff of other departments, two from the Bedford Borough Health Department and one from Luton Health Department.

The Chairman of the Health Committee presided on the first day when Mr. Norman Rogers (Public Relations Organiser, NALGO) spoke on "Public Relations in Local Government" in the morning and Mr. A. W. Jones (Editor, *Bedfordshire Times*) and Mr. John Sargeant (Editor-in-Chief, Home Counties Newspapers) on "The Press and Public Health" in the afternoon.

The morning of the second day was devoted to a panel discussion designed to demonstrate that the people who really matter are the

members of the public. The Clerk of the County Council, County Treasurer, County Welfare Officer and Deputy Director of Education joined the County Medical Officer and Senior Mental Health Worker in answering questions put by three housewives who volunteered to take part. The afternoon session was taken up with talks on "The Techniques of Communication" by members of the staff of the Central Council for Health Education.

The third day was occupied by group discussions and clearly demonstrated that the papers and discussions on the preceding days had stimulated considerable thought.

Home Safety

The Authority make a contribution to the Royal Society for the Prevention of Accidents and receive information and material from that organisation. There are now four voluntary Home Safety Committees in the County—in Bedford, Biggleswade, Dunstable and Luton. The Health Department is represented on the first three by the Health Education Officer.

During November, the Home Office, in conjunction with the Ministry of Health, organised a national campaign to persuade people to use fireguards. The Health Department took part in the campaign.

All the Local Authorities in the County co-operated by displaying posters on their notice boards and stickers on their vehicles. The Chief Constable, the Chief Fire Officer and the County Librarian also co-operated and altogether about 500 posters were displayed in various parts of the County outside Luton. In Luton, the local Home Safety Committee undertook the campaign.

Nearly 10,000 leaflets were distributed. Of these 5,000 were supplied to the Dunstable Home Safety Committee, who arranged to have these delivered to every house in the town. The remainder were issued through Clinics, the Bedford Borough Library, voluntary organisations, etc. The County Libraries distributed 4,000 bookmarks.

With the help of the County Fire Service arrangements were made for 1½ minute films to be shown for one week at ten cinemas in the County.

The Health Education Officer visited over 40 retailers throughout the County informing them of the campaign and seeking their co-operation. In some cases the shopkeepers arranged special window displays. The help of coal merchants in publicising the need for fireguards was also obtained. The Press as usual was most helpful. In particular, mention must be made of the *Luton News* which devoted a whole page to the subject. The centre-piece was an advertisement paid for jointly by the Health Committee and the Luton and Dunstable Home Safety Committees.

Towards the end of the year, 4,000 copies of a Home Safety booklet were produced by an agency on behalf of the Authority and these are being circulated as widely as possible.

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.

In some families, 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.

At the end of the year, 30 full-time and 216 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	...	...	...	...	...	387
Tuberculosis	...	...	...	...	...	10
Chronic sick (including aged and infirm)	...	...	...	...	...	1,167
Others	...	...	...	...	...	311
Total						1,875

In addition to the Home Help Scheme, there is a Sitters-up Scheme covering 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. The Scheme operates on a very small scale and at the end of the year only one sitter-up was 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 15 members, of whom 13 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 with the Service in its present form, 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 qualified as a Psychiatric Social Worker.

6 Mental Health Workers—all male—one of whom is qualified as a Psychiatric Social Worker. The 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, plus one vacancy.

2 Occupation Centre Supervisors (trained).

3 Assistant Occupation Centre Supervisors (1 trained, 2 untrained).

1 General Assistant.

1 Cook (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. A. Austin) completed the Refresher Course arranged by the National Association for Mental Health in conjunction with the University of Leeds. A second Mental Health Worker (Mr. J. Marsden) commenced the Course during the year. The Course, which provides two periods of residential training divided by 20 weekly non-residential casework seminars, is proving very valuable, and may very well provide a prototype for the training of new entrants.

A second Assistant Supervisor was recruited during the year for the North Bedfordshire Occupation Centre, and arrangements have been made for both Assistant Supervisors (Mrs. I. King and Miss J. Green) to be seconded for training with the National Association for Mental Health in 1959/60 and 1960/61 respectively.

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 944 referrals during the year from the following sources:—

General Practitioners	...	...	...	...	515
Relatives	...	...	...	...	96
Police	...	...	...	...	74
General Hospitals	...	...	...	...	49
Three Counties Hospital	...	...	...	...	44
Welfare Department	...	...	...	...	39
Patients themselves	...	...	...	...	36
Other Mental Hospitals	...	...	...	...	19
Probation Officers	...	...	...	...	14
Health Visitors	...	...	...	...	4
Other Sources (neighbours, W.V.S., other departments, National Assistance Board, employers, etc.)	...	...	...	...	54

This represents an increase of approximately 10 per cent in the number of referrals over the previous year.

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 gives the sex-age distribution of referrals during 1958.

TABLE XXV—SEX-AGE DISTRIBUTION OF PERSONS SUFFERING FROM MENTAL ILLNESS REFERRED TO THE AUTHORITY IN 1958

	Age							Totals
	Under 21	21–30	31–40	41–50	51–60	61–70	71 and over	
Males ...	32	82	88	84	53	47	48	434
Females ...	14	55	83	106	82	73	97	510
Totals ...	46	137	171	190	135	120	145	944

It will be noted that once more the number of referrals in respect of persons over 60 years of age is very high (28 per cent). 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; 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. "Other action" includes referrals for community care, admission to Welfare Homes, discharge to the care of relatives or friends, or referral to some other Service.

TABLE XXVI—NUMBER OF ACTIONS TAKEN IN RESPECT OF CASES OF MENTAL ILLNESS REFERRED TO THE AUTHORITY IN 1958

Type of action	Males	Females	Total
Short Term Compulsory Admissions:—			
Temporary detention under Section 20 of the Lunacy Act, 1890 (in a designated Ward of a General Hospital)	26	40	66
Temporary detention under Section 11 of the Lunacy Act (Urgency Order—in a Mental Hospital)	28	39	67
Long Term Compulsory Admissions:—			
Certification (Summary Reception Order) Sections 14 and 16 of the Act	19	49	68
Admission as Temporary patients under Section 5 of the Mental Treatment Act, 1930	8	14	22
Admission as Voluntary patients under Section 1 of the Mental Treatment Act, 1930 and informal admissions	107	127	234
Other action	306	349	655
Totals	494	618	1,112

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 to some form of care in the community.

It will be noted that of the 1,112 actions taken, only 90 (8.1 per cent) were for long term compulsory detention. 234 (21.0 per cent) resulted in voluntary admission, and 655 (58.9 per cent) were for disposal other than under the Lunacy and Mental Treatment Acts. If it is borne in mind that a large proportion 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. Table XXVII shows comparative figures for the years 1954-1958 inclusive.

TABLE XXVII—NUMBERS AND PERCENTAGES OF VARIOUS ACTIONS TAKEN 1954-1958

Voluntary and Informal Admissions		Compulsory Admissions						Total Admissions		Other Actions		All Actions
		Short Term		Long Term		Total						
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
61	31.1	88	17.0	97	18.8	185	35.8	346	66.9	171	33.1	517
95	28.9	82	12.2	132	19.6	214	31.8	409	60.7	265	39.3	674
64	24.3	80	11.8	99	14.7	179	26.5	343	50.8	332	49.2	675
40	23.4	121	11.8	91	8.8	212	20.6	452	44.0	575	56.0	1,027
34	21.0	133	12.0	90	8.1	223	20.1	457	41.1	655	58.9	1,112

Some of the figures in Table XXVII warrant special notice. Firstly, in view of the expected changes in procedure for compulsory admissions, it is of particular interest that, while there has been some increase in the number of cases dealt with by short-term compulsory measures, the number so dealt with on a long-term basis has remained almost static. It has always been the policy of the Service only to use compulsory measures when all else has failed. Nevertheless, the figures confirm that there is a hard core of cases which can only be dealt with in this way. It seems likely that new procedures will effect any major change in this respect, at least for some considerable time.

Secondly, the proportion of cases dealt with by admission to hospital has steadily decreased from 66.9 per cent of the total in 1954, to 41.1 per cent in 1958.

Thirdly, while there has only been a 32 per cent increase between 1954 and 1958 in the numbers of cases dealt with by admission, the numbers dealt with by means which enable the patient to remain in the community have increased nearly fourfold in the same period.

It seems justifiable to conclude that: (i) there is an increase in referral of cases before they have so far deteriorated that admission to hospital is necessary; (ii) 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.

Throughout the year 112 cases on the average have been under active community care at any one time. About one-third of these are long-term cases, a few of whom have been receiving support and guidance from the Service over periods extending up to four years. A further third are cases in which interpretative work is being done with patients and their families in order to educe an appreciation of the need for treatment. The remaining third receive help in resettlement after treatment or to prevent the necessity for admission or re-admission. A considerable number of other cases, 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.

Much of the work on this aspect of the Service is protracted and difficult, and calls for the highest casework skills. Deep-seated prejudices and fears are met and must be dealt with. The work requires an understanding of the psychological forces at work both between and within the personalities (including the Mental Health Worker) concerned with a situation, and an appreciation that many of those forces are working outside the consciousness of those concerned. Its aim must always be to assist the patient to find what is for him the best possible solution to his problem within the limits set by the society in which he lives.

At the end of the year under review the early publication of a new Mental Health Bill (consequent upon the Report of the Royal Commission on the law relating to Mental Illness and Mental Deficiency) was confidently expected. That Bill has since been published and is now on its way through the Committee Stage in the House of Commons. The Bill follows very closely the recommendations of the Commission.

It may fairly be claimed that the Mental Health Service in Bedfordshire has already gone a long way towards anticipating (within the limits set by existing legislation) the new recommendations.

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, 29 males and 28 females were referred as mental defectives. Of these, 31 were under 16 years of age.

At the end of the year, 451 persons were under community care as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under Guardianship	12	8	20
Under Supervision—			
Statutory (i.e. confirmed defectives and found "subject to be dealt with" under the Acts)	125	72	197
Voluntary (i.e. confirmed as defectives but not "subject to be dealt with") ...	79	82	161
On licence*	13	1	14
	<hr/>	<hr/>	<hr/>
Totals under formal community care	229	163	392
Cases not yet confirmed as defectives but to whom friendly visits were being paid ...	25	34	59
	<hr/>	<hr/>	<hr/>
Totals	254	197	451
	<hr/>	<hr/>	<hr/>

* Four males not Bedfordshire cases. In addition two male and one female Bedfordshire cases are on licence outside the County.

At the 31st December, 1958, nine defectives were awaiting vacancies in Mental Deficiency Hospitals. Of these, two were under 5 years of age, and five were aged between 5 and 15 years.

There are also 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. The position with regard to vacancies, while not so difficult as a few years ago, is again approaching a point where admission has to be used to meet social needs, as opposed to considering this course from the point of view of the benefit which may accrue to the patient.

In his dealing with cases under care in the community (whether "statutory", "voluntary", "licence" or "Guardianship") the Mental Health Worker endeavours to establish a good relationship with the defective (where this is possible) and the family (or family substitute, e.g. the employer where the defective is in residential employment). Where such a relationship is established with an older defective, he or she can be helped to learn to manage his or her affairs, to conform to reasonable social standards and generally to be a useful member of the community.

With parents and other members of the family it is again the aim of the Mental Health Worker to establish a relationship within which difficulties, both factual and emotional can be resolved. There may be obvious antagonisms and feelings of guilt to be overcome. Sometimes, however, these reactions are not so straightforward. They may be sub-conscious or even completely unconscious. They may show themselves in the guise of over-protectiveness, neglect of other members of the family in favour of the defective, and the like. Here it is the task of the Mental Health Worker to bring the difficulties to the surface and assist those concerned to come to terms with and resolve them. There is, of course, a great deal of down-to-earth practical work to be done—help in finding jobs and lodgings, assisting in managing financial affairs and generally providing an understanding yet independent, kindly but firm, stable background figure to whom the defective and his family may turn for practical or emotional support. Circumstances of actual physical neglect or ill-treatment seem largely to have disappeared, though in the few cases where they occur they are of course dealt with first.

Occupation and Training of Defectives

The purposes of Occupation Centres are two-fold, viz., (i) to provide occupation and training for the defectives, and (ii) 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 purpose 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, however, other benefits, though less obvious. 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 provide 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. This Centre is housed in leased, adapted premises and is at the limit of its capacity, 20 defectives under and ten over 16 years of age being in attendance. There are also in the area seven defectives under 16 and 29 over 16 who are considered to be suitable for a Centre but for whom no places are at present available. Plans for the provision of a new, 60-place centre, catering for adults as well as children have been approved by the Minister, and it is anticipated that building will commence shortly.

The present Centre is staffed by a qualified Supervisor and Assistant Supervisor. There is also a General Assistant who was, in September, seconded for a year to take the National Association for Mental Health's Training Course for Teachers of the Mentally Handicapped. During her

absence a temporary General Assistant is being employed. Steps are being taken to select suitable applicants for training, in order to meet the demand for additional staff which will arise when the new Centre comes into operation.

The North Bedfordshire Centre is housed in a new building, providing 35 places, and situated at Kempston. Eighteen defectives under 16 and 12 defectives over 16 are in attendance. An additional assistant supervisor was appointed during the year, bringing the total teaching staff to three.

The children are conveyed to the Centres by buses and remain for a mid-day meal. At the South Bedfordshire Centre the meal is prepared on the premises by a part-time cook. At the North Bedfordshire Centre the meal is provided through the School Meals Service. The usual Centre subjects are taught.

In addition to the defectives in attendance at the Bedfordshire Occupation Centres, there are four female defectives under the guardianship of nominees of the Guardianship Society, Brighton, and 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. Moreover, it 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 defective experience in handling group relationships and thereby fosters social improvement.

At the 31st December, the total number of defectives under the training of the Home Teacher (Mrs. Messenger) was 34 as follows:—

Barton Group (mixed)	...	...	...	...	7
Luton Group (junior)	...	...	...	...	3
Luton Group (senior)	...	...	...	...	8
Individual visits	...	...	...	...	16

The Barton group meets weekly on Tuesdays in the Youth Hut at Barton-le-Clay. Defectives are collected by the Home Teacher for this Group from Haynes, Maulden, Shefford, Campton, Sharpenhoe and Barton.

The Luton Groups meet weekly on Fridays—Junior in the morning and Senior in the afternoon—at the Friends Meeting House. The Members of the Group are either brought in by relatives, or make their own way to the Centre. All live in Luton or Dunstable.

Among the individual visits, a number of "home groups" are formed by two (or in one case, three) defectives being brought together in the home of one of them.

There remain about 40 other (mainly adult) defectives who would benefit from Home Teaching and for whom no provision is at present made. The establishment has been extended to include a second Home Teacher to meet this need, but so far all efforts to recruit have failed.

Voluntary Societies

There are in Bedfordshire two Societies for Mentally Handicapped Children—Bedford and District, and Luton—which are affiliated to the National Society for Mentally Handicapped Children. The Societies have been very active and have made notable contributions to the welfare of mentally handicapped children. They have provided apparatus for use in the Occupation Centres and they have joined in organising seaside holidays for suitable defectives. They have been largely instrumental in forming Clubs in Bedford and Luton, from which the handicapped derive great pleasure and benefit.

On a less tangible plane, by providing a forum in which parents and friends can meet to exchange views and experiences, and hear talks from informed sources, the Societies are helping to relieve anxieties, to break down isolation and provide mutual support. They have also done good work in bringing the problem of mental deficiency to the notice of the public with consequent lessening of fears and prejudices.

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 Bedfordshire Societies for the Welfare of the Blind.

During 1958 there was a net increase of 18 in the number of *Blind Persons* registered in the County. At the beginning of the year the number was 691. New cases during the year numbered 78 and there were 19 inward transfers. 65 persons died, 12 left the district and two were removed from the registers as no longer blind, leaving 709 persons on the registers at the 31st December, 1958.

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 1958 is analysed in Table XXVIII. The cause of blindness was cataract in 29 cases, glaucoma in six cases, diabetes in seven cases and senile macular degeneration in 11 cases. The remaining 25 persons had a variety of other conditions.

Every effort is made to see that persons who would benefit from treatment receive it. Of the 23 persons for whom operation was recommended, five have received treatment, 11 are waiting and one has refused.

In the other cases, the person's general condition makes an operation inadvisable. Ten of the cases in which treatment was not recommended had previously been treated unsuccessfully. In most of the other cases the blindness is irremediable.

Of the total of 78 persons registered, 54 were aged 70 years or over. Reference to Table XXIX shows that of the 709 registered blind persons in the County at the end of the year, 408 or 57·5 per cent were aged 70 years or over. Whilst the increasing number of aged in the general population is reflected in the number of aged blind, old age by itself does not cause blindness and it may well be that there is an accumulation of cases of blindness due to causes that are more susceptible to treatment at an earlier age. Table XXX divides the number of blind persons according to the age at onset of blindness and from that it will be seen that of 672 persons where the age at onset is known, in 74 cases it was 0-4 years and in a further 157 cases, 5-49 years. 70 years or over was given as the age at onset in 273 cases, i.e. 40·6 per cent.

A great many of the persons registered as blind give no history of any previous treatment for their eye condition. In some cases, of course, advice is not sought until the sight has almost failed. In the case of glaucoma, for instance, one eye often becomes completely blind without the patient realising it and he only becomes aware of the fact when the other eye becomes seriously affected. The incidence of blindness could undoubtedly be reduced and the following points taken from a Ministry of Health memorandum indicate ways in which this could be done:—

1. Prompt attention should be given to any child who squints. No child is too young for the modern methods of treatment, the aim of which is not merely to get the eye straight but seeing and functioning in binocular vision.
2. The old teaching that no operation can be done until a cataract is "ripe" is no longer valid and modern methods of surgery enable the cataract to be removed as soon as vision is seriously reduced. Every effort should be made, therefore, to ensure diagnosis at the earliest possible moment.
3. All doubtful cases of visual disability, however vague and indeterminate, should be referred for expert ophthalmological opinion.
4. All myopic children should be kept under supervision.
5. Industrial workers engaged in processes where there are hazards to the eyes (e.g. welding and grinding) should always use goggles or other protection provided.

With regard to the *Partially Sighted*, the number on the register at the 31st December, 1958, was 110. During the year, 21 new cases and five inward transfers were added to the register. Sixteen persons were removed from the register.

Six infants were notified as suffering from *Ophthalmia Neonatorum* during the year. Five are known to have made a complete recovery. The sixth child left the area soon after being notified but it is understood that she too recovered.

TABLE XXVIII—BLIND PERSONS REGISTERED IN BEDFORDSHIRE DURING 1958

	Cause of Disability						Total
	Cataract	Glaucoma	Retrolental Fibroplasia	Diabetes	Senile Macular Degen.	Other	
No. of cases in which no treatment recommended ...	7	4	—	4	10	20	45
No. of cases in which treatment recommended:							
(i) Medical ...	1	1	—	3	1	3	9
(ii) Surgical ...	20	1	—	—	—	2	23
(iii) Optical ...	1	—	—	—	—	—	1
No. of cases who received treatment:							
(i) Medical ...	1	1	—	3	1	3	9
(ii) Surgical ...	5	—	—	—	—	—	5
(iii) Optical ...	1	—	—	—	—	—	1

TABLE XXIX—AGE DISTRIBUTION OF REGISTERED BLIND PERSONS IN BEDFORDSHIRE AT THE 31ST DECEMBER, 1958

	0-4	5-15	16-29	30-39	40-49	50-59	60-69	70+	Total
Males	3	9	9	24	34	32	51	130	292
Females	—	6	8	9	11	28	77	278	417
TOTALS	3	15	17	33	45	60	128	408	709

TABLE XXX—NUMBER OF REGISTERED BLIND PERSONS IN BEDFORDSHIRE AT THE 31ST DECEMBER, 1958, SUBDIVIDED ACCORDING TO THE AGE AT ONSET OF BLINDNESS

	0-4	5-15	16-29	30-39	40-49	50-59	60-69	70+	Unknown	Total
Males	39	5	29	31	25	22	27	96	18	292
Females	35	11	12	18	26	45	74	177	19	417
TOTALS	74	16	41	49	51	67	101	273	37	709

Epileptics

The term epilepsy has come to include a group of conditions in which there exists a persistent liability to episodic seizures. Such seizures may be associated with a demonstrable and perhaps remediable lesion in the brain or with a toxic state—so-called “symptomatic” epilepsy. Commonly, however, there is no demonstrable organic brain lesion or toxic state and the epilepsy is termed “idiopathic” or “cryptogenic”. As medical knowledge in this field makes further progress it is likely that there will be a continued transfer of cases from the idiopathic group to that of symptomatic epilepsy.

The majority of epileptics suffer only occasional attacks which can be well controlled by appropriate treatment and they live a practically normal life. In more severe cases, especially those which are not completely controlled by drugs, the individual may have difficulty in finding or keeping suitable employment. The attitude of relatives, employers and friends is all-important. On the one hand it may be over-protective and on the other may be hostile and drive the epileptic into a sense of ostracism and frustration.

The number of epileptics is not known. The Cohen report on “Medical Care of Epileptics” quoted an incidence of four cases per 1,000 of the population. This would suggest a total for Bedfordshire approaching 1,400.

In fact, the number of known cases is very small. Such information as there is concerning *adults* 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 21st April, 1958, 98 epileptics were registered under the Disabled Persons (Employment) Act, 1944, and at the 31st December, 1958, the Mental Health Service had knowledge of 49 mental defectives who were also epileptic. In addition, during the year, 12 epileptics were referred for action under the Lunacy and Mental Treatment Acts. Of these, two 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 three epileptics in their residential homes and maintain a further 12 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 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, 12 epileptic schoolchildren ascertained as requiring special educational treatment: four were attending boarding schools, one was attending an independent day school, five who were educationally retarded were attending a day special school for E.S.N. pupils, and two were awaiting places in residential schools. In addition, there were three children who were ascertained as ineducable. A further 37 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 XXXI which follows illustrates the point. Some of the 166 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 XXXI—PERSONS IN BEDFORDSHIRE REGISTERED UNDER THE DISABLED PERSONS (EMPLOYMENT) ACT, 1944, AT THE 21ST APRIL, 1958

Type of Case	North Bedfordshire	South Bedfordshire	Total
All classes	1,691	3,112	4,803
Epileptics	34	64	98
Others in Group V*	63	103	166

* 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 28 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 four patients with cerebral palsy are receiving instruction from the Occupational Therapists who are equally available for Health Committee and Welfare Committee work.

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, 1958, 80 children under the age of 16 were known to be suffering from cerebral palsy.

The number of children of compulsory school age is 73. Seven of these, however, have mental retardation to such an extent as to be ineducable, and three are in hospital. The position as regards education of the remaining 63 is as follows:—

- 39 attend the appropriate ordinary school (transport being specially provided for some cases).
- 3 attend day special schools.
- 10 attend residential special schools.
- 7 receive home tuition.
- 4 are waiting for arrangements to be made.

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, 1958, eight Homes registered. These provided accommodation for 84 patients other than maternity cases. Routine inspections were carried out during the year and the Homes were found to be satisfactory.

NURSES AGENCIES

The County Council, as the Licensing Authority under the Nurses Agencies Act, 1957, have delegated their functions to the Luton Corporation in respect of that Borough. At the present time there is only one such Agency in the County.

THE CIVIL DEFENCE AMBULANCE AND CASUALTY COLLECTING SECTION

Organisation

In August 1949 the Home Office issued Circular 13/49 which gave local authorities guidance on the organisation of the Civil Defence Corps. In paragraph 7 of that circular the Home Office stated that every Division would be organised in six sections, to be called Headquarters, Warden, Rescue, Ambulance, Pioneer and Welfare and it would be the purpose of those sections to provide personnel to discharge, or as the case may be, to assist existing organisations to discharge, the various civil defence duties which would arise in war.

Appropriate officers of the County Council were appointed to take charge of the various Sections and the County Medical Officer was appointed "Head of the Ambulance Section" and made responsible for the organisation of the Section and the training of volunteers for the whole County as laid down by the Ministry of Health.

Although Luton is a separate Corps Authority they were not made responsible for the organisation of the Ambulance Section. It was agreed, however, that the Medical Officer of Health for Luton in his capacity as Divisional Medical Officer should be responsible for the training of volunteers after they had been recruited by the Civil Defence Officer.

In 1954 a further duty was imposed upon local authorities (County and County Boroughs):—

- (a) to make plans for the provision in the event of hostile action or a threat of hostile action of a service for the collection and removal of casualties resulting from hostile action, and for the maintenance of the service in conjunction with the ambulance services provided under section 27 of the National Health Service Act, 1946, as expanded pursuant to the Civil Defence (Ambulance) Regulations, 1949;
- (b) to train members of the Civil Defence Corps whose services are made available for the purpose in stretcher bearing and first aid duties to be performed in connection with the discharge of functions under The Civil Defence (Casualty Collection) Regulations, 1954.

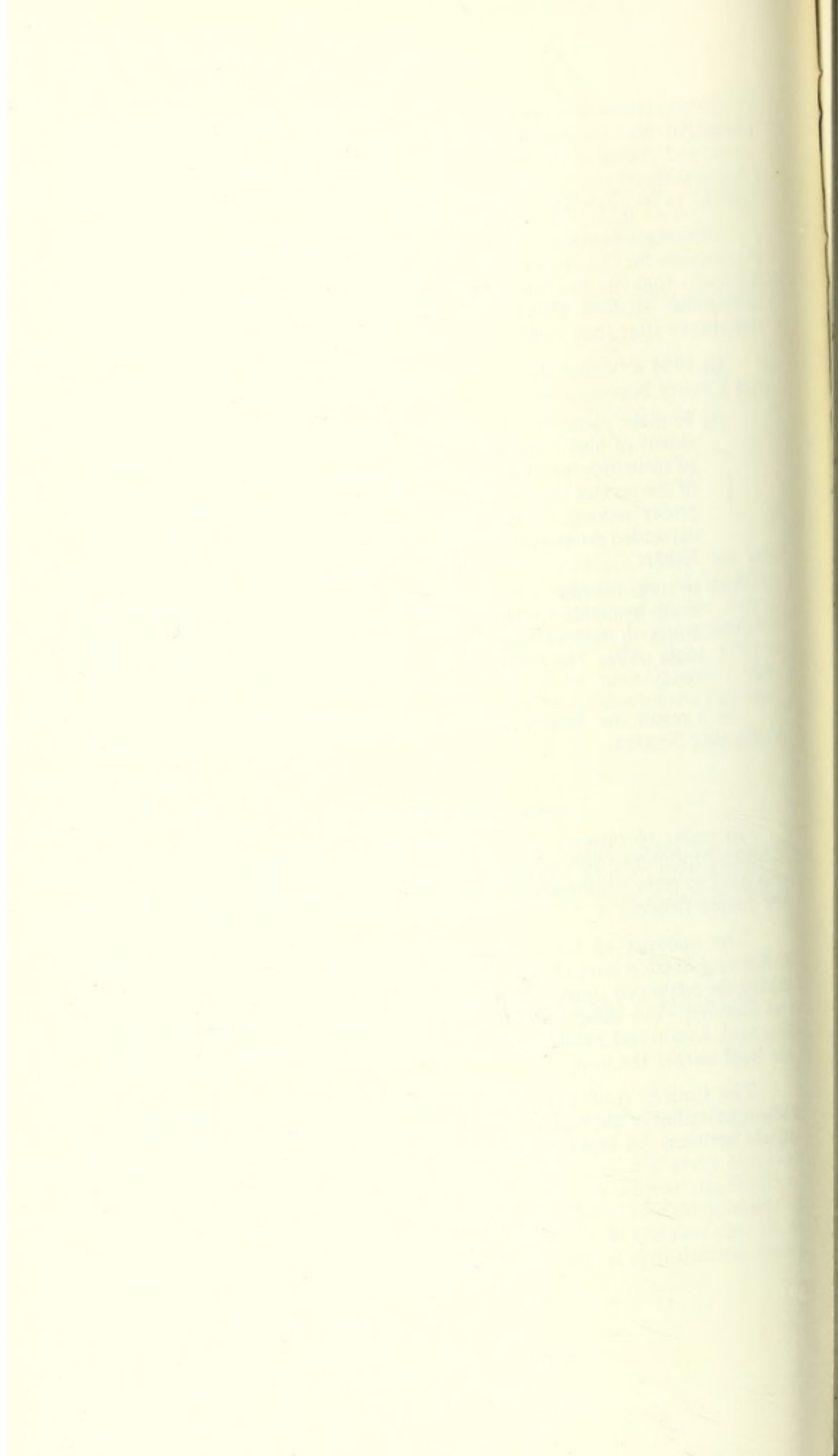
As a result the Section was renamed The Ambulance and Casualty Collecting Section.

Training

In order to provide the necessary training certain members of the County Ambulance Service undertook an Instructor's Course and became qualified to train volunteers in accordance with the syllabus laid down by the Home Office.

The majority of active volunteers in the Ambulance and Casualty Collecting Section have completed their basic training and are now undertaking the advanced course. The courses are held at the seven main areas in the County, viz.—Ampthill, Bedford, Biggleswade, Dunstable, Leighton Buzzard, Luton and Sandy. In addition to this, exercises and competitions are held during the year.

The County Ambulance Superintendent plays an important part in the organisation of the Section and training of volunteers and is the liaison officer between the Head of the Section and the volunteers.



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 1958, there were 3,220 confirmed cases of infectious and other notifiable diseases (excluding tuberculosis) notified to the District Medical Officers of Health. The corresponding figures for 1957 and 1956 were 5,931 and 3,605 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 XXXII.

TABLE XXXII—NUMBER OF CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES NOTIFIED AND CONFIRMED IN THE SANITARY DISTRICTS OF BEDFORDSHIRE, 1958

	Amphill		Bedford		Biggleswade		Dunstable Borough	Kempston Urban	Leighton Buzzard Urban	Luton		Sandy Urban	TOTALS
	Urban	Rural	Borough	Rural	Urban	Rural				Borough	Rural		
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	—	16	42	19	—	5	16	8	38	30	6	—	18
Scarlet Fever ...	—	83	125	47	6	7	—	16	6	32	27	—	35
Whooping Cough ...	2	83	125	47	6	7	—	16	6	32	27	—	35
Measles ...	4	176	323	192	—	31	31	77	83	757	280	6	1,900
Poliomyelitis—													
Paralytic ...	—	—	11	4	2	1	—	2	—	1	—	1	—
Non-Paralytic ...	—	—	7	1	—	—	—	—	—	—	—	—	—
Acute Encephalitis—													
Infective ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-Infectious ...	—	—	2	1	—	—	—	—	—	6	—	—	—
Meningococcal Infection	—	2	8	5	—	1	—	3	—	6	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Pneumonia—													
(PPrimary or Infl.) ...	—	7	72	16	—	9	3	9	58	36	13	13	—
Typhoid Fever ...	—	—	—	—	—	—	—	—	1	—	1	—	—
Paratyphoid Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	48	8	3	—	—	1	5	36	25	5	—	—
Food Poisoning ...	—	—	40	—	—	—	—	—	1	19	4	—	—
Infective Hepatitis (in-													
cluding Jaundice) ...	1	9	9	2	—	—	—	1	—	8	—	—	—
Puerperal Pyrexia ...	—	—	132	1	6	6	—	—	—	44	—	7	—
Ophthalmia Neonatorum	1	2	3	—	—	—	—	—	—	—	—	—	—
Tuberculosis—													
Respiratory ...	—	9	36	19	5	9	8	6	5	102	15	—	—
Meninges and C.N.S. ...	—	—	3	—	—	1	—	—	—	2	—	—	—
Other ...	—	2	3	5	—	—	1	—	—	8	2	—	—
TOTALS ...	8	354	824	315	19	70	60	127	228	1,076	353	27	—

Diphtheria

After the unfortunate occurrence of a fatal case of diphtheria in 1957, no case occurred in 1958.

Scarlet Fever

There were 180 cases of scarlet fever in 1958, rather more than in 1957 when the total of 134 was 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

There were 351 cases of whooping cough notified during the year. There were, undoubtedly, very many more cases to which a doctor was not called and which, therefore, were 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.

Measles

Like whooping cough, measles is a disease which can have serious complications and be followed by disabling after-effects. It is by far the most common notifiable infectious disease. In 1958, there were 1,960 cases notified, compared with 3,713 in 1957.

Poliomyelitis

A brief account of the history of poliomyelitis in this country was given in the Annual Report for 1957, together with some observations on its incidence and method of spread.

In Bedfordshire, during the 28 years from 1919 to 1946, there were 90 cases notified. In 1947 there were 94 cases, of whom 18 died. The annual number of cases since then is given in Table XXXIII. Table XXXIV gives the age distribution of the cases that have been notified and confirmed in the past five years.

It will be seen that there were 22 paralytic and eight non-paralytic cases confirmed in 1958, of whom six died. All the deaths were of persons aged 15 years or over.

Of the paralytic cases, one child had had two injections of poliomyelitis vaccine and another, one injection. Neither case was fatal. Of the children with non-paralytic poliomyelitis, five had had two injections. No case occurred in 1957 in a child who had been vaccinated against the disease. Details of the vaccination campaign are given in Section II of this Report.

TABLE XXXIII—NUMBER OF CONFIRMED CASES OF PARALYTIC AND NON-PARALYTIC POLIOMYELITIS CONFIRMED IN BEDFORDSHIRE, 1948-58, TOGETHER WITH NUMBER OF DEATHS

	Paralytic	Non-Paralytic	Deaths
1948 ...	17		7
1949 ...	41		4
1950 ...	28	8	2
1951 ...	4	3	2
1952 ...	12	7	1
1953 ...	18	6	—
1954 ...	11	7	—
1955 ...	22	9	3
1956 ...	7	9	—
1957 ...	18	4	1
1958 ...	22	8	6

TABLE XXXIV—AGE DISTRIBUTION OF POLIOMYELITIS CASES, 1954-58

	1954		1955		1956		1957		1958	
	P.	N.P.	P.	N.P.	P.	N.P.	P.	N.P.	P.	N.P.
Under 1 ...	—	—	—	—	—	—	—	—	4	—
1-4 ...	2	2	6*	2	2	—	3	2	8	2
5-9 ...	4	1	4	1	3	6	3	—	1	3
10-14 ...	1	2	2	—	—	1	1	1	—	2
15-19 ...	—	—	1	3	—	—	2	—	2*	—
20-29 ...	2	—	4*	1	2	1	4	1	3*	—
30-39 ...	2	1	5*	1	—	1	3*	—	2†	1
40-49 ...	—	—	—	1	—	—	2	—	1*	—
50-59 ...	—	1	—	—	—	—	—	—	1*	—
TOTALS ...	11	7	22	9	7	9	18	4	22	8

* Figure includes one death.

† Figure includes two deaths.

Dysentery

The nationwide increase in the number of cases of Sonne dysentery in recent years is disquieting. Whilst the actual illness is mild and of short duration in most cases, it is nevertheless troublesome and difficult to control. In Bedfordshire, there have been several outbreaks since 1953. There were 131 cases notified in 1958, far less than the 715 in 1957. Luton, Leighton Buzzard and Ampthill Rural District were the areas chiefly affected.

Food Poisoning

There were 64 cases of food poisoning notified during the year. Of these, 40 occurred in Bedford Borough, 33 resulting from an outbreak

in a large independent school for girls. The causative organism in this outbreak was *Cl. Welchii* and the vehicle of infection was thought to be fish cakes. The illness was slight, the duration being only one to two days.

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 BOROUGH AND WHOLE COUNTY, 1944-58

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
1957	173	112	32
1958	30	9	8

There were 30 cases notified in the County in 1958, far fewer than in 1957 and 1956 and only four more than in 1953. Past experience in Luton Borough suggests that only 10 per cent of cases are, in fact, reported. Thus, although the disease appears to occur mainly 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 notifiable. In 1958, 196 cases were notified compared with 194 in the previous year.

TUBERCULOSIS

During the year there were 214 new cases of respiratory tuberculosis and 27 of non-respiratory tuberculosis notified in Bedfordshire. The sex distribution of these cases and the corresponding figures for the previous nine years are given in Table XXXVI. In some cases, the fact that a person has tuberculosis is not known to the medical officer of health until after death, when the disease is mentioned on the death certificate. There were seven such cases in 1958, all respiratory.

At the 31st December, 1958, there were 2,675 cases of respiratory and 283 cases of non-respiratory tuberculosis on the Chest Clinic Registers. Table XXXVII shows these cases divided into men, women and children.

The total number of attendances at the Chest Clinics during 1958 (including contacts) was 38,148, and 12,617 visits were paid to the homes of patients by the Tuberculosis Health Visitors. 228 home visits were made by the Chest Physicians.

TABLE XXXVI—NUMBER OF NEW CASES OF RESPIRATORY AND NON-RESPIRATORY TUBERCULOSIS NOTIFIED 1949-58, 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
1957	120	87	207	10	17	27
1958	118	96	214	10	17	27

TABLE XXXVII—NUMBER OF MEN, WOMEN AND CHILDREN ON THE CHEST CLINIC REGISTERS AT 31ST DECEMBER, 1958, SUBDIVIDED INTO RESPIRATORY AND NON-RESPIRATORY CASES

	Respiratory			Non-Respiratory			Totals		
	M.	W.	C.	M.	W.	C.	M.	W.	C.
Bedford ...	589	472	35	27	76	11	616	548	46
Luton ...	841	640	98	52	75	42	893	715	140
TOTALS ...	1,430	1,112	133	79	151	53	1,509	1,263	186

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. 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.

A scheme for the tuberculin testing by the Heaf method of school entrants with the consent of the parents was started in Bedford Borough towards the end of 1954 and in Luton Borough in 1955. The purpose was to detect active disease amongst contacts of children with positive reactions. So few positive reactors were discovered, however, that the scheme has now been discontinued in Luton. In Bedford, it was not possible to carry out any testing in 1958 because of the demands on the staff caused by poliomyelitis vaccination.

As a further step in the prevention and control of tuberculosis a scheme is now in operation for the giving of B.C.G. vaccination to children at 13 years of age so that they will have protection before commencing work. During the year, 3,312 children were skin tested by the Heaf method and 2,843 were found to be tuberculin negative. Of these, 2,790 were vaccinated with B.C.G.

Of the 469 positive reactors, 15 were already known to the Chest Clinics and 440 were referred to the Clinics for investigation. Fourteen of these failed to attend and of the remainder only two were found to have tuberculous infection. The other 14 positive reactors were girls at a boarding school. The headmistress refused to allow them to attend the Chest Clinic during term time and the parents were asked to make arrangements for them to be examined during the holidays.

Periodic surveys are carried out in the County by one of the Regional Hospital Board's Mass Radiography Units. 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.

Mass Radiography

The Mass Miniature Radiography Unit from St. Albans again visited Bedfordshire during 1958 and spent nearly three months in the Luton area. After having toured the larger industrial establishments, the Unit concentrated on the public. Two additional Units were brought in and all three operated at the same time in various parts of the town from the 13th to the 31st October. Altogether, 35,057 Luton residents

were X-rayed, an increase of 6,834 over the figure for 1955. Included in the total were 5,711 housewives. The number of persons referred to the Chest Clinic for further examination was 222 and of these 27 had been notified as suffering from active respiratory tuberculosis by the end of the year.

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 XXXVIII 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.

TABLE XXXVIII—NUMBER OF PATIENTS ON REGISTERS OF V.D. CLINICS AT 31ST DECEMBER, 1958, TOGETHER WITH ADDITIONS AND REMOVALS THEREFROM DURING THE YEAR

	Syphilis		Gonorrhoea		Other Conditions		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.
No. of patients on register at 1st January 1958 ...	68	83	53	6	77	55	198	144
No. of patients dealt with for first time during 1958 ...	20	12	120	25	298	109	438	146
Inward transfers ...	1	1	—	—	—	1	1	2
No. of patients restored to register during 1958 ...	2	2	—	—	23	10	25	12
TOTAL A ...	91	98	173	31	398	175	662	304
No. of cases removed from register in 1958 as:—								
(a) cured or not confirmed	1	3	89	14	265	124	355	141
(b) defaulted ...	7	3	27	5	4	1	38	9
(c) transferred for treatment elsewhere ...	4	4	2	2	—	2	6	8
TOTAL B ...	12	10	118	21	269	127	399	158
No. remaining on register at 31st December 1958 (A-B)	79	88	55	10	129	48	263	146

SECTION IV

INSPECTION AND SUPERVISION OF FOOD

INSPECTION AND SUPERVISION OF FOOD

Under the Food and Drugs Act, 1955, the County Council are 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 undertaken by the Health Department in association with other officers concerned.

SPECIALLY DESIGNATED MILK

There are three special designations for milk—pasteurised, sterilised and tuberculin tested—and as the whole of Bedfordshire is a specified area as defined in the Food and Drugs Act, 1955, all milk sold by retail in the County must be specially designated.

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. On the 31st December, 1958, two pasteurising licences were in force. There were no applications received for licences in respect of sterilising plants.

QUALITY 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. The law presumes, until the contrary is proved, that milk is not genuine if it contains less than 3 per cent of milk-fat or less than 8.5 per cent of milk solids other than fat. The presumptive

standard for milk-fat is low and most milks have a much higher fat content. Thus the average for all unadulterated samples taken in 1958 was 3.93 per cent, as shown in Table XXXIX. Excluding Channel Islands and South Devon milk, the average was 3.67 per cent.

The term "Channel Islands and South Devon milk" covers any milk described as Channel Islands, Jersey, Guernsey or South Devon which comes from cows of the breed specified. Under the Milk and Dairies (Channel Islands and South Devon) Milk Regulations, 1956, it is an offence to sell, for human consumption, any milk so described unless it contains at least 4 per cent of milk-fat. Table XXXIX shows the monthly fat content of samples of Channel Islands and South Devon milk taken during 1958.

319 samples were taken whilst milk was in course of delivery, and of these 16 were abnormal. Six appeal-to-cow samples were then taken, of which two 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.

TABLE XXXIX—MONTHLY AVERAGE FAT CONTENT OF UNADULTERATED SAMPLES OF MILK, 1958

	Channel Islands and South Devon Milk		Other Milk		All Milk	
	No. of samples	Milk fat %	No. of samples	Milk fat %	No. of samples	Milk fat %
January ...	10	4.61	30	3.73	40	3.95
February ...	6	4.75	19	3.63	25	3.89
March ...	6	5.09	20	3.74	26	4.05
April ...	5	4.31	17	3.42	22	3.62
May ...	10	4.39	18	3.38	28	3.74
June ...	7	4.26	18	3.52	25	3.73
July ...	6	4.55	15	3.63	21	3.89
August ...	2	5.22	16	3.60	18	3.72
September ...	6	4.88	24	3.59	30	3.85
October ...	9	4.68	22	3.95	31	4.18
November ...	8	4.84	18	3.85	26	4.16
December ...	4	5.09	11	3.97	15	4.26
TOTALS ...	79	4.67	228	3.67	307	3.93

EXAMINATION OF PASTEURISED MILK

To determine the efficiency of pasteurisation and the keeping quality of milk, samples are examined regularly from retailers supplying milk to the 152 maintained schools in the County (excluding Bedford and Luton) and from pasteurising plants. Where the result is unsatisfactory further samples are taken until the matter has been put right. During the year, 293 routine samples from schools were taken of which seven were unsatisfactory. In six of these cases, a second sample was satisfactory, but in the remaining case it was necessary to take three further samples before a satisfactory result was obtained. Of 75 routine samples from pasteurising plants only one was unsatisfactory and in this case only one further sample required to be taken.

BIOLOGICAL EXAMINATION OF MILK

At the end of 1958 there were 389 milk herds in the County—289 T.T. Attested, 71 Attested and 29 non-designated. Every effort is made to prevent the sale of milk infected with tuberculosis. Periodical testing of all T.T. Attested and Attested herds is carried out by the Ministry of Agriculture, Fisheries and Food and, in addition, the County Milk Sampling Officer takes samples of milk from non-designated herds and those T.T. herds from which the milk is sold by retail. These samples are tested by Guinea Pig inoculation. During the year, 213 samples of milk were taken and one was 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.

ICE CREAM

Prior to the 27th April, 1959, the law stated that ice cream must contain not less than 5 per cent fat, 10 per cent sugar and $7\frac{1}{2}$ per cent milk solids other than fat. Of 36 samples purchased under the Food and Drugs Act, 35 were found to be satisfactory, the fat content varying from 6.0 per cent to 16.9 per cent, with an average of 12.3 per cent. The remaining sample, a chocolate ice cream lolly, was found to be 30.6 per cent deficient in milk solids. No action was taken as the vendor subsequently died.

During the year, 34 samples of ice cream were presented to the Public Health Laboratory Service for bacteriological examination. They were graded as follows:—

Grade 1	...	...	...	...	...	29
Grade 2	...	...	...	...	...	3
Grade 3	...	...	...	...	...	1
Grade 4	...	...	...	...	...	1

Samples in Grades 1 and 2 are considered satisfactory. Samples falling into categories 3 and 4 are regarded as unsatisfactory. The two samples in these latter grades were further investigated and satisfactory results were obtained.

SAMPLES OTHER THAN MILK AND ICE CREAM

105 formal and 30 informal samples of food and drugs, other than milk and ice cream were taken during the year. Of these, two formal and four informal samples were adulterated, particulars of which are given in Table XL.

TABLE XL—DETAILS OF ADULTERATED SAMPLES OF FOOD, WITH ACTION TAKEN, 1958

Article	Sample No.	Nature of adulteration or irregularity	Action taken
Sausages, pork ...	1075	230 parts of sulphur dioxide per million	Proceedings instituted. Fined £5 plus 2 gns costs.
Sausages, beef ...	1076 (Informal)	220 parts of sulphur dioxide per million	
Rum butter ...	1079 (Informal)	Rum deficient 85.6%	Entire stock withdrawn
Rum butter ...	1094	Rum deficient 71.6%	
Halibut oil capsules	1255 (Informal)	Mouldy	Letter sent to the manufacturers who have decided to change their method of packing
Sliced processed cheese	1265 (Informal)	Stale, but not injurious to health	Condemned

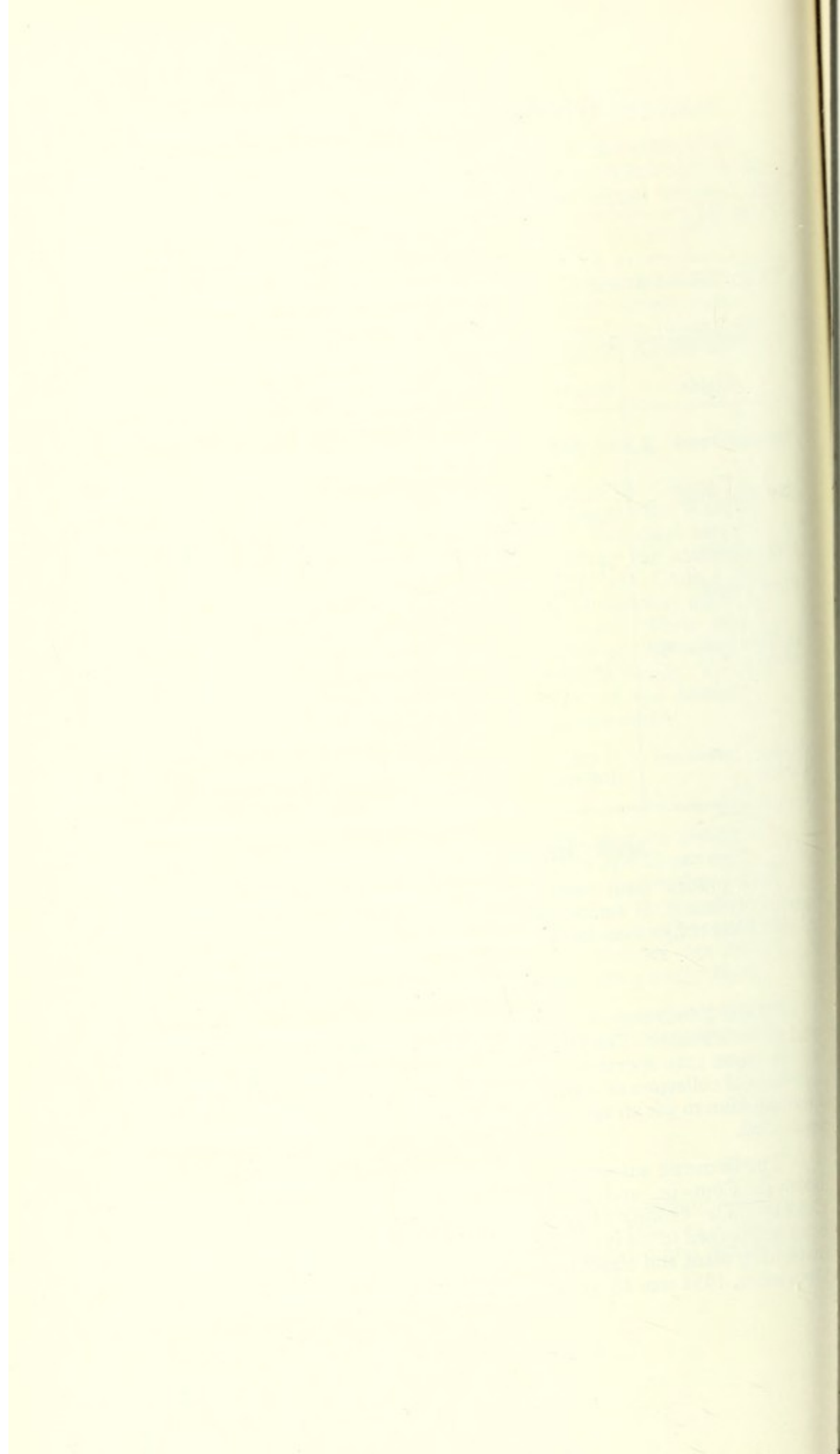
MERCHANDISE MARKS ACTS

846 routine visits were made to premises and samples were taken where necessary. It was not necessary to prosecute any trader for failing to observe his obligations, but eight verbal warnings were given.

WASTE FOODS

Waste Foods may, if not boiled for one hour, spread foot and mouth and other diseases. The Diseases of Animals (Waste Foods) Order 1957, which came into operation on the 1st June 1957, makes it necessary for substantial collectors of waste foods to obtain a licence imposing on them an obligation to use an approved boiling plant which would be periodically inspected.

The licensing authorities in Bedfordshire are the Bedford and Luton Borough Councils, and the County Council for the remainder of the County. The County Health Inspector and the Sampling Officer have been authorised to act on behalf of the County Council for the purpose of inspecting plant and equipment. The number of licences in force at 31st December, 1958 was 40, an increase of 12 over the previous year.



APPENDIX

THE FIRST TEN YEARS

The Minister of Health has asked that in the 1958 Report there shall be a brief general review of the manner in which, during the first ten years of the National Health Service, the local health authority services have functioned in the wider setting of the National Health Service generally.

Each of the three branches of the National Health Service, viz., the Local Executive Council, the Hospital and Specialist Service, and the Local Health Authority Service, had initial difficulties, mainly due to heavy demand on services. In some instances, it was simply the case that there was a very heavy increased demand on services which had been in operation for a long time, e.g., general medical practitioner consultations, but in others, and this applies particularly to Local Health Authority services, the demand was upon services which had been but recently established.

It was realised at the beginning that the provision of an efficient medical service in Bedfordshire depended in large measure upon the co-operation of the three administrative bodies which had a duty to provide services, and steps were taken to secure this by an extensive system of cross-representation, which has been very rewarding. Moreover, amongst the senior officers of the respective administrative bodies there has been whole-hearted co-operation. In this way, it has been possible for members of each body to acquire knowledge of all three services, and to bring this knowledge to bear when services are under discussion. The result is that the pieces fit together sufficiently well, with some rough edges here and there. It may be added, too, that it has been of great assistance, to the Local Health Authority at least, that the County Medical Officer should have been privileged to sit on Hospital and Local Executive Council Committees.

With these advantages in an administrative area of such a size that both members and officers of the several administrative bodies are well known to each other it would have been surprising if the Local Health Authority services had not developed and functioned well in the wider setting of the National Health Service.

It seems to be implicit in the actions of this Authority that they regard the general practitioner service as the key service of the present tripartite system of administration, and that they regard the services which they—and possibly also those which the Hospitals provide—as being supporting in nature. The ways in which the Local Health Authority services assist the general medical practitioner in his work are well known.

Under appropriate headings in the Report, there is a statement of the work done in the year under review and in some instances an indication of the growth of a service is given. The salient points are brought together in the paragraphs which follow.

Health Centres

After much preliminary work had been done and provisional agreement reached on the establishment of a Health Centre at Farley Hill, Luton, it was found necessary to postpone the project *sine die*. With this exception there has been development of all the Local Health Authority community services.

Home Nursing

In 1948 there was the equivalent of 39 whole-time Home Nurses. At the end of 1958 the number was 52, including seven male nurses, the need for whose appointment became evident during the period. All nurses are fully equipped.

The number of visits made in 1949 was 109,080; in 1958 it was 61,463. In 1954, the first year for which the figures were broken down, the percentage of patients 65 years of age and over was 38; in 1958 it was 33, and these required an average of 35 visits compared with 13 for each patient under 65 years of age.

A change of emphasis in the nature of work done by these nurses has occurred. There has been a vast increase in the number of injections given and some increase in the preparation of patients for investigation at hospital.

Ante-Natal Work and Midwifery

The total amount of ante-natal supervision given by the general medical practitioner, hospital, and Local Health Authority services has undoubtedly increased. As regards the supervision carried out by the Local Health Authority it was found necessary to close a few ante-natal clinics because the attendances did not warrant keeping them open and patients were receiving supervision otherwise. Nevertheless, the actual number of sessions held increased from 462 in 1949 to 516 in 1958. Throughout the period the standard of service provided has been improved. All the relevant blood examinations are made, particular attention is paid to the possibility of toxæmia, and instruction in mothercraft has increased.

In 1948, 54 midwives or nurse-midwives were employed; in 1958 the figure was 57. All are fully equipped and all are qualified to administer Gas and Air. In 1949, 697 patients out of 1,759 attended by midwives received Gas and Air; in 1958, 1,906 patients out of 2,483 received it.

Throughout the period every midwife has had a refresher course every five years. Refresher courses are now obligatory.

The proportion of domiciliary to total births has fluctuated within narrow limits. In 1949 it was 36 per cent; in 1958 it was 40. In the years between it did not once go outside these limits.

Health Visiting

In 1949 there were 25 qualified Health Visitors; in 1958 there were 37. Nearly all are also engaged in School Health work and three, who work in rural areas, also undertake midwifery and home nursing. The work of this important group of nurses has changed in emphasis during the period under review. They are taking an increasing part in Health Education and in the welfare of persons 65 years of age and over, and their work has become more selective. For example, at the end of 1958, 94 problem families and many other sub-standard families were receiving frequent visits.

All Health Visitors have attended refresher courses at five to six yearly intervals.

The number of Infant Welfare Centres, which may be regarded as bases from which Health Visitors work, increased from 48 in 1949 to 74 in 1958.

The increase in the number and work of nurses, midwives, and health visitors necessitated a re-inforcement of the headquarters supervisory nursing staff, particularly to deal with the work of Health Visitors.

Home Helps

This service is similar to the Ambulance Service in that it readily lends itself to abuse unless there is adequate direction and control. The appointment of three organisers has safeguarded the position.

In 1948 there was the equivalent of 47 whole-time Home Helps; in 1958, the figure was 126. Sixty-two per cent of the persons assisted in 1958 were in the Aged and Infirm group.

Ambulance Service

The whole of the County has been covered by radio-telephony, and new replacement ambulance stations have been provided at Ampthill, Kempston and Luton. During 1959 a new station is to be erected at Biggleswade.

In 1948 the staff comprised one Superintendent, five Station Officers, and 53 Driver-Attendants. Since then it has been re-inforced by the addition of one Maintenance Officer, two Deputy Station Officers, and eight Driver-Attendants. The number of vehicles in use has remained practically unchanged.

The total annual mileage done by the Service, including the Hospital Car Service and agents, fell from 857,652 in 1949 to 760,022 in 1958. About 30,000 of this fall is attributable to a decline in the conveyance of patients with pulmonary tuberculosis. There have been fairly large fluctuations in the annual mileages, but there seems to be no reason to suppose that the heights reached in the early years will be seen again.

Annual refresher courses are obligatory for ambulance personnel.

Prevention of Illness, Care and After-Care

The establishment of Tuberculosis Visitors and Welfare Officers, six and two respectively, has remained unaltered. This may seem surprising, but it is a fact that notwithstanding a major victory over pulmonary tuberculosis as a killing disease, there were 2,678 cases of pulmonary tuberculosis on the register at the end of 1958; in 1948 the figure was 1,753. It may be added that the two posts of Welfare Officer have been vacant for some time, the work being done by the Tuberculosis Visitors.

B.C.G. vaccination of 13-year-old schoolchildren was commenced in 1957. Pressure of other work, notably vaccination against poliomyelitis, has hindered its complete development.

In addition to work done by Health Visitors with problem families, there are now three *ad hoc* Social Workers employed. The first was appointed in 1957 and the other two quite recently. The work is supervised in each Division by the Divisional Medical Officer, who is chairman of the Co-ordinating Committee.

Medical Comforts Depots have increased from 19 to 28.

Vaccination and Immunisation

Vaccination against smallpox ceased to be compulsory in 1948. In 1949, only 11.6 per cent of children under the age of one year were vaccinated. There has been a gradual increase since then, the figures for 1957 and 1958 being 31.5 and 30.2 respectively. It is pointed out elsewhere that the vaccination state in Bedfordshire is not adequate. The 1957 figure for England and Wales was 43 per cent.

Immunisation against diphtheria has continued. There has been a change in the method of calculating the immunisation state with the result that comparable figures for 1949 and 1958 are not available. In Bedfordshire the 1958 Immunity Index for the 0-4 age group was 57.5 per cent; for England and Wales the figure was 53.4. In the 1-4 age group in Bedfordshire the figure was 70.

Vaccination against whooping cough was introduced in 1954. The number of children vaccinated has grown yearly. There has been a marked use of combined prophylactics, i.e. whooping cough with diphtheria. Thus in 1958, 4,540 children received a combined prophylactic and only 129 whooping cough vaccine alone. The number of notified cases fell from 1,103 in 1954 to 351 in 1958, but it is in the present nature of things that fluctuations occur.

Vaccination against poliomyelitis was introduced in 1956. At first children between the ages of six months and nine years were eligible. Later the age was extended to 15, and still later to 25 years. At the end of 1958, 56,684 children aged six months to 15 years had been registered for vaccination, i.e. 69 per cent of those eligible, and of these 52,310 had received at least two injections. Only 2,532 had not been treated at all.

Mental Health

From the outset, the Local Health Authority have attached great importance to this Service. There was a quick recognition of the fact that there was scope for much useful work in the community, and they have developed the Service accordingly.

There were, in 1948, no staff available who were qualified or experienced in community work over the whole range of mental disorder. The Service had, therefore, to be established initially with a field staff of five, two drawn from the Mental Deficiency Service, and three from the former Public Assistance Service. An initial two-month re-orientation course, arranged by the National Association for Mental Health, was taken by the Mental Health Workers prior to or immediately after the appointed day (5th July, 1948). Since then the Authority have seconded officers for specialised training in order to re-inforce and enlarge their already considerable experience. Three officers, one of whom subsequently transferred to the service of another Authority, have been seconded to a University for a full academic year, with appropriate financial assistance, to train as Psychiatric Social Workers. Two others have attended extended Refresher Courses arranged by the National Association for Mental Health in conjunction with the University of Leeds, and the cost has been borne by the Authority. In addition one officer, recruited to fill a vacancy caused by a resignation, has been trained within the Service, under the direction of the Senior Mental Health Worker who is a Psychiatric Social Worker. There have been only two resignations from the field staff during the period under review. The vacancies have been filled, as have also two additional posts on the establishment which were created (one in 1955 and the other in 1958) to meet the increased work. Thus at the end of 1958 the Service was manned by a skilled and experienced staff of seven, all of them males and two of them psychiatric social workers.

In the first year of the Mental Illness Service the Mental Health Workers acted on 318 occasions. By the middle of 1954 the level of work had increased to 505 actions, an increase of nearly 60 per cent. By mid-1957 this figure had risen to 872, 69 per cent over the 1954 level and 175 per cent over the 1948/49 level. The end of 1958 saw the total at 1,112; 27 per cent over 1957 and nearly 250 per cent over 1948/49.

In 1948/49, two-thirds of the actions taken resulted in the patient's admission to hospital. Since 1949 there has only been a 36 per cent increase in the number of admissions arranged through the Service. During the same period, however, the work done to enable patients by one means or another to remain in the community has increased over five times.

From its inception, the Service has aimed at avoiding compulsory action if at all possible. During the period under review, two factors have operated:—(i) a growing appreciation that some at least of the problems referred may be dealt with other than by admission to hospital, and (ii) an increasing tendency for the general practitioner and other services to refer to the mental health service cases of socio-emotional

disturbances not amounting to frank psychiatric illness. The Council's provision of specialised training for the field staff of the Service has been very rewarding. The Workers have thereby been given a greater skill and understanding, and this in turn has led to greater use being made of them in a far broader way than would have been possible in 1948. It is quite clear, however, that much remains to be done.

With regard to the community care of mental defectives, the numbers under care tend to increase, for many need some measure of supervision all their lives. In 1948 the figure was 285. In 1958 it had reached 451. In July 1948, the Authority had one Occupation Centre capable of dealing with 25 to 30 defectives, but with under 20 attending. The Centre was housed in a leased Church Hall eight miles out of Bedford, the only building available at the time.

Before the end of 1948, a second Centre came into operation, in leased, adapted premises in Dunstable. Again, provision was made for 30 places, but under 20 were occupied. In 1957 the old North Bedfordshire Centre was closed and an *ad hoc* Centre, providing 35 places and with facilities for extension, was opened at Kempston. At the end of 1958, 30 places were occupied in each Centre, and in the South there was a waiting list. Moreover, plans were in an advanced state for the building of a new 60-place Centre in South Bedfordshire bringing the total number of places available up to 95.

At the end of 1948, the total teaching and training staff of the two Centres was four. At the end of 1958 it was six, and when the new Centre is completed a further two will be needed. Steps are being taken to recruit and train the necessary personnel.

In July 1955, a beginning was made on the provision of some measure of training, through Home and Group Teaching, for those defectives who, for reason of special physical or emotional difficulties, or place of residence, cannot attend the Occupation Centres. Thirty-four defectives are now receiving this type of training and efforts are being made to recruit an additional Home Teacher to meet the needs of some 30 to 40 others.

The picture is one of a service which has been developed on the lines recently commended by a Royal Commission and which already has gone a long way to meet the requirements which seem likely to be laid upon local Health Authorities by the Minister of Health in the next few months. It is held in high regard by general medical practitioners and others who will bring it into operation.

The Cost

The cost of the service has increased from an actual expenditure of £281,694 in the financial year 1949/50, the first full year of operation, to a probable expenditure of £513,872 in 1958/59.

It may be of interest to examine the causes of this large increase. Part of it is due to the actual development of the services, the provision of buildings and additional staff and equipment, but it would seem that most of it is due to two other factors, viz., an increase of population and a fall

in the internal purchasing power of the £, which has brought with it increases of salaries and wages and increased cost of goods and services, such as fuel and lighting.

The civilian population increased from 298,715 in 1948 to 338,000 (estimated) in 1958, i.e. an increase of 13 per cent. The internal purchasing power of the £ fell from 100 in 1948 to 69.7 in 1957, a fall of nearly one-third. It may not be justifiable to apply these two factors in their entirety, but if they are applied, then the cost of the 1958/59 service, without developments, would have been about £470,000.

The following facts may also be of interest. From 1949/50 to 1958/59 the total gross expenditure of the Council increased by 146 per cent; Local Health Authority expenditure increased by 82.4 per cent. In 1949/50, Local Health Authority expenditure was 8.04 per cent of the gross County expenditure; in 1958/59 it is estimated that it will be 5.96 per cent. In 1949/50 the Local Health Authority expenditure per head of population was £0.93; in 1958/59 the probable figure is £1.49, an increase of 60 per cent.