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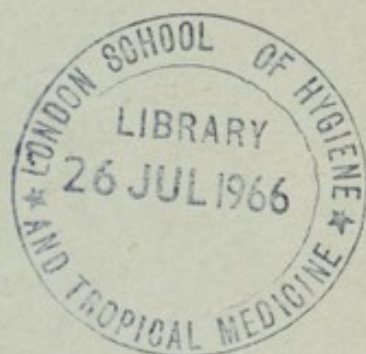
REPORT

of the

Medical Officer of Health

for

1965

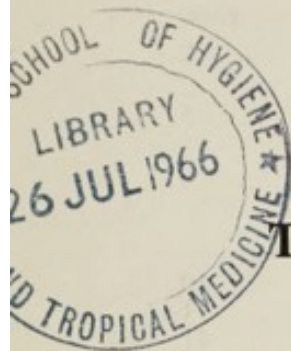


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To the Chairman and Members of the Bedfordshire County Council

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the Report on the Health Services for the year 1965. Dr. W. C. V. Brothwood retired and many tributes to his 18 years' service as County Medical Officer of Health were made elsewhere. I wish to record my gratitude to him for the considerable help he gave me during the changeover period.

Other staff changes which occurred included the resignation of Miss Edith L. Martin, Superintendent Health Visitor, whom we wish well in her appointment with a larger authority. The opportunity was taken to place all the Nursing Services under the control of the Chief Nursing Officer, Miss W. Frost, and this action forestalled a Ministry of Health circular on the Nursing Services of which this was one of the principal recommendations.

In general the vital statistics indicate a healthy state of affairs in the County. The crude live birth rate per 1,000 estimated population at 22.3 shows an increase in the corresponding figure for the previous year. The stillbirths and infant mortality remain at a low level. There were no maternal deaths recorded. The death rate of 10.2 per 1,000 of the home population compares favourably with the corresponding figure for England and Wales. Heart diseases accounted for approximately 30 per cent of the deaths and various forms of cancer for a further 18 per cent. Of the 267 men who died of cancer 95 were recorded as having a primary site in the lung or bronchus and of these 50 were aged between 45 and 64 years. In the light of evidence now available it is reasonable to assume that many of these premature deaths are avoidable. There is obviously a need for the population as a whole to review their smoking habits.

A description of the services is given in the main body of the Report. Difficulties in staffing have occurred but on the whole the services have been well maintained despite a rapidly increasing population. Many circulars and memoranda were received from the Ministry of Health and among them one of considerable importance to Bedfordshire was "The Care of the Elderly in Hospitals and Residential Homes". This problem had been exercising the minds of the Executive Council and the Hospital Management Committees as well as the Health and Welfare Committees of the Authority for some time. A Liaison Committee was formed and they met for the first time during the year.

Progress with the building programme was made during the year. On 1st April, Leighton-Linslade Ambulance Station was opened on a site adjoining the clinic. This greatly improved the facilities for the service in this part of the County. A small clinic was opened at Sandy in November, this being the first of the projects combined with the local library. In addition to the clinic a kitchen for the use of the W.V.S. Meals on Wheels Service was provided by the Welfare Committee and the St. John's Ambulance Brigade were provided with a room for the distribution of nursing equipment and apparatus on loan. The larger clinic at Houghton Regis was opened in the same month. This fully comprehensive centre contains accommodation for all Services including a twin surgery dental unit and a unit specially fitted for audiology and teaching of deaf and partially hearing children.

With regard to the future the Minister of Health called for an up-to-date review of the County's plans for developing the health and welfare services in the next ten years. This work was completed during the year and it is to be hoped that the programme, much of which has already been delayed for other reasons, will now make adequate progress.

Early discharge from hospital of surgical cases is the subject of a special article by the Chief Nursing Officer. In this, there has been close co-operation between the hospital consultant, the family doctors and the district nurses. The experimental period of a year has led to an elimination of the waiting list for hernia patients in the Bedford area. This could well be extended to cover other cases and in a wider area of the County.

At this time I wish to make reference to the retiral of Alderman H. R. Waller, O.B.E., J.P., D.L., who was for many years Chairman of the Health Committee and prior to that served on the National Insurance Committee. His contribution to the work of the Health Department was immense and it is to be hoped that he will continue to serve on the Committee for many years. I wish to record my gratitude to the new Chairman and all the Members of the Committee who gave me so much assistance and support during my early months as County Medical Officer. My thanks are also due to the staff of the health department for their support and conscientious work carried out during the period under review.

I have the honour to be,

Your obedient servant,

M. C. MACLEOD,

County Medical Officer of Health.

HEALTH DEPARTMENT,

PHOENIX CHAMBERS,

HIGH STREET,

BEDFORD.

Telephone : Bedford 68211.

June, 1966.

COUNTY HEALTH COMMITTEE, 1965-66

Chairman: Councillor J. Wynn Williams

Ex-Officio: Alderman E. K. Martell, LL.B., J.P.
Alderman S. Whitbread, B.A., J.P.

Aldermen

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Mrs. A. Urwin

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W. J. Martin
W. E. Randall
Miss M. C. Shepherd, M.B.E.
D. W. Smith

K. Van Hegan

Co-opted Members

Medical Committee of the Bedfordshire Executive Council :

R. Pollock, B.A., M.B., B.Ch., B.A.O., L.M.
J. G. Williams, M.R.C.S., L.R.C.P.

Dental Committee for Bedfordshire : G. W. Allen, L.D.S.

Pharmacists Committee for Bedfordshire : F. G. Bull, M.P.S.

Bedford Group Hospital Management Committee :

N. R. Wynn-Williams, M.D., M.R.C.P.

Luton and Hitchin Group Hospital Management Committee :

Mrs. L. J. Aylett, S.R.N.

Federation of Trades Councils : A. A. Orr

Bedfordshire Executive Council : H. J. Weller, J.P.

COUNTY HEALTH STAFF, 1965

County Medical Officer of Health

W. C. V. BROTHWOOD, M.A., M.D., D.P.H. (to 30.6.65)
M. C. MACLEOD, M.D., D.P.H. (from 1.7.65)

Deputy County Medical Officer of Health and North-Eastern Divisional Medical Officer

H. S. BURY, M.R.C.S., L.R.C.P., D.P.H.

Southern Divisional Medical Officer

A. R. DARLOW, T.D., M.B., B.S., M.R.C.S., L.R.C.P.,
D.P.H., D.T.M. & H., D.C.H.

Senior Medical Officer for Mental Health :

L. G. NICOL, M.R.C.S., L.C.R.P., D.P.M., D.P.H.

Assistant County Medical Officers and School Medical Officers

BRENDA N. AKEROYD, M.R.C.S., L.R.C.P.
M. ELIZABETH BUCKLEY, M.B., B.Ch., D.P.H.
ANNE J. BURGE, M.B., B.S., D.C.H., D.P.H.
B. K. LANE, M.B., B.S., D.Obst. R.C.O.G. (resigned 31.3.65)
A. W. C. LOBBAN, M.B., Ch.B. (apptd. 1.2.65)
IRENE E. SANDFORD, M.R.C.S., L.R.C.P., D.P.H.
ANNE SELWOOD, M.B., Ch.B.
CICELY STEER, M.B., B.S., D.C.H.

Chest Physicians (part-time)

J. B. SHAW, M.D., D.P.H.
N. R. WYNN-WILLIAMS, M.D., M.R.C.P.

Chief Dental Officer

H. W. S. SHEASBY, L.D.S.

Area Dental Officers

R. BURMAN, B.D.S., L.D.S.R.C.S.
C. B. PALMER, L.D.S.R.C.S.

Dental Officers

MARGARET A. ARMSTRONG, L.D.S.R.C.S. (Edin.) (part-time)
J. E. CRUICKSHANK, L.D.S.
C. C. INGROUILLE, B.D.S. (apptd. 1.12.65)
FRANCES D. MORRIS, L.D.S.R.F.P.S. (Glas.) (part-time)
R. E. POTTS, B.D.S., L.D.S.R.C.S. (apptd. 4.1.65)

STAFF—continued

Superintendent Nursing Officer (to 9.8.65)

Chief Nursing Officer (from 9.8.65)

WINNIE FROST, S.R.N., S.C.M., Q.N., H.V.

Superintendent Health Visitor

EDITH L. MARTIN, S.R.N., S.C.M., H.V. (resigned 9.8.65)

Assistant Chief Nursing Officers

DOROTHY E. HELLETT, S.R.N., S.C.M., Q.N., H.V.

DOROTHY J. PECK, S.R.N., S.C.M., Q.N.

County Analyst

J. S. LEA, B.Sc., F.R.I.C.

Health Education and Statistics Officer

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

Chief Mental Welfare Officer

C. W. FRENCH, A.A.P.S.W.

Assistant Chief Mental Welfare Officer

E. F. K. KING, A.A.P.S.W.

Occupational Therapists

JOAN E. DAVIDSON, M.A.O.T.

MARY CHAMBERLAIN, T.M.A.O.T. (apptd. 6.10.65)

DAPHNE SMITH, M.A.O.T. (retired 31.3.65)

Chiropodists

J. BEAUMONT, M.Ch.S.

R. J. LANE, M.Ch.S.

Chief Ambulance Officer

J. P. WILLEY, M.B.E., F.I.A.O.

Chief Clerk

S. P. MARRIOTT

STATE OF NEW YORK

IN SENATE
January 1, 1901

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1900

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1901.

SECTION I

STATISTICS

EXTRACTS FROM VITAL STATISTICS FOR 1965

LIVE BIRTHS :

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	2,945	2,735	5,680
Illegitimate	...	...	...	201	162	363
				<u>3,146</u>	<u>2,897</u>	<u>6,043</u>

Crude live birth rate per 1,000 estimated home population	22.3
Illegitimate live births per cent of total live births	6.0

STILLBIRTHS :

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	36	38	74
Illegitimate	...	...	...	4	2	6
				<u>40</u>	<u>40</u>	<u>80</u>

Stillbirth rate per 1,000 total (live and still) births	13.1
Total number of live and stillbirths	6,123

INFANT DEATHS :

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	57	36	93
Illegitimate	...	...	...	9	9	18
				<u>66</u>	<u>45</u>	<u>111</u>

Infant mortality rate (all infant deaths per 1,000 live births)	18.4
Legitimate infant mortality rate	16.4
Illegitimate infant mortality rate	49.6

NEO-NATAL DEATHS* :

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	38	20	58
Illegitimate	...	...	...	7	6	13
				<u>45</u>	<u>26</u>	<u>71</u>

* Within first four weeks of life.

Neo-natal mortality rate per 1,000 live births	11.7
Early neo-natal mortality rate (i.e. deaths under one week)	10.4
Perinatal mortality rate (stillbirths and deaths under one week per 1,000 total births)	23.4

MATERNAL DEATHS :

No. of deaths	—
Maternal mortality rate per 1,000 live and stillbirths ...	—

THE ADMINISTRATIVE COUNTY

Following the extensive changes that took place in the Administrative County in 1964 with the creation of Luton County Borough, further changes occurred in 1965. On the 1st April, the Urban District of Linslade in Buckinghamshire was brought into Bedfordshire and combined with the adjoining Urban District of Leighton Buzzard to form Leighton-Linslade Urban District. At the same time, the village of Eaton Socon and its environs were transferred to the new County of Huntingdon and Peterborough.

All the statistical information contained in this section of the Report is based on figures supplied by the Registrar General. In considering the statistics relating to Leighton-Linslade and Bedford Rural District it must be remembered that they will not be strictly comparable with figures for previous years.

POPULATION

The population figures issued by the Registrar General relate to resident civilians and members of the armed forces stationed in the area and are referred to as "home populations". The estimated home populations of the County and the County Districts at the 30th June, 1965, were as follows : —

Administrative County	269,880
Urban Areas	140,900
Ampthill U.D.	4,420
Bedford M.B.	67,160
Biggleswade U.D.	8,550
Dunstable M.B.	28,160
Kempston U.D.	10,620
Leighton-Linslade U.D. ...	17,660
Sandy U.D.	4,330

Rural Areas	...	...	...	128,980
Amphill R.D.	...	...	...	29,410
Bedford R.D.	...	...	...	34,170
Biggleswade R.D.	...	...	...	31,040
Luton R.D.	...	...	...	34,360

With the loss of Eaton Socon, Bedford Rural District showed a net decrease in population of 2,330. All the other Districts had increases and the total population of the Administrative County went up by 7,220. Something like two-thirds of this number were contributed by Linslade.

For those areas where the number of the population changed on the 1st April as the result of boundary changes, the Registrar General has provided "working" populations for the purpose of calculating birth and death rates. These "working" populations are the weighted means of the populations of the areas before and after the boundary changes and are as follows:—

Bedford R.D.	...	...	...	34,870
Biggleswade R.D.	...	...	...	31,050
Luton R.D.	...	...	...	34,320
Rural Area	...	...	...	129,650
Administrative County	...	...	...	270,550

Changes in population in any area are the result of migration and the difference between the number of births and deaths. These factors are related. To give an example, housing development in the Houghton Regis area of Luton Rural District resulted in a large influx of population, mostly in the younger age groups. This has meant a higher than average number of child-bearing couples and a lower than average number of old people, and consequently more births and fewer deaths. In 1965 in Luton Rural District there were 777 births and only 245 deaths, a natural increase of 532. On the other hand, Biggleswade U.D. has had comparatively little movement in population and has a higher than average proportion of elderly people. This is reflected in the fact that there were 140 births and 104 deaths.

Such factors have to be taken into account in comparing the birth and death rates of different areas. These rates are calculated as the number of births (or deaths) per 1,000 of the population and in their crude form are only comparable if the sex-age structure of the populations of the areas being considered is the same. This is obviously not the case with Luton Rural District and Biggleswade Urban District and no valid conclusions can be drawn from a comparison of the respective crude birth-rates of 22.6 and 16.4 or the crude death-rates of 7.1 and 12.2.

To overcome these difficulties the Registrar General calculates "comparability factors" for each area. When the crude rate is multiplied by the appropriate factor, an adjusted rate is obtained which can then be compared with the rate for any other area in the same year. Continuing with the examples, the adjusted birth rates for Luton Rural District and Biggleswade Urban District in 1965 were 18.8 and 17.0; while the adjusted death-rates were 10.4 and 9.7.

BIRTHS

Table A of the Appendix sets out the number of births, legitimate and illegitimate, that were registered during 1965 for each of the County Districts. The district to which a birth is allocated is determined by the mother's usual place of residence and not by the place of birth. The total number of live births was 6,043 giving a crude birth rate for the County of 22.3 compared with 21.9 for the slightly different area of 1964. The adjusted rate was 21.0 compared with the provisional figure of 18.1 for England and Wales.

An example of the care that is required in considering statistics has already been given. There is need for caution also when dealing with very small figures because small variations can produce startling changes in the rates derived from them. On the other hand, overall figures sometimes hide variations of considerable interest.

Thus the number of illegitimate live births registered in 1965 was 363, representing 6.0 per cent of the total. In Bedford Borough, however, 11.0 per cent of live births were illegitimate. Study of the figures for the past ten years shows that the County area excluding the towns of Bedford and Luton has had a remarkably consistent illegitimacy rate of just over 4 per cent. In the case of Bedford Borough the rate throughout has been higher and there has been a marked upward trend since 1960.

STILLBIRTHS

The term stillbirth refers to any child born after the 28th week of pregnancy which did not, at any time after being completely expelled from its mother, breathe or show any other signs of life. There were 80 stillbirths attributable to Bedfordshire residents during 1965 giving a stillbirth rate of 13.1 per 1,000 total births (live and still). This was even better than the remarkably low figure of 13.2 achieved in 1964. The national rate also shows a downward trend and reached a record low level of 15.7 in 1965.

The distribution of the stillbirths between the County Districts is given in Table A of the Appendix. In most cases the figures are so small that no significance can be attributed to the rates for individual Districts. Of the total, six or 7.5 per cent were illegitimate.

INFANT MORTALITY

During the year, 111 infants under one year of age died. Of these, 63 died within the first week of life and 71 within the first month of life. The number of deaths under one year of age per 1,000 births registered during the year constitutes the infant mortality rate; similarly the neo-natal mortality rate is based on deaths within the first four weeks of life. For the County the infant mortality rate in 1965 was 18.4. This was high compared with the figure of 14.9 for 1964 and that of 15.4 which was the lowest recorded in the County as it was previously constituted. However, it was lower than the national figure of 19.0 which was itself the lowest ever recorded. Figures for the individual County Districts are given in Table A of the Appendix.

Perinatal mortality is the combination of stillbirths and deaths within the first week of life expressed as a rate per 1,000 total (live and still) births. The rate for the County in 1965 was 23.4 compared with 21.8 for the previous year.

The causes of infant death in the urban and rural areas are set out in Table I. "Other Causes" includes prematurity.

TABLE I—CAUSES OF INFANT DEATHS IN URBAN AND RURAL AREAS OF COUNTY, 1965

CAUSE	URBAN		RURAL		COUNTY		Total
	Under 4 Weeks	4 Weeks and over	Under 4 Weeks	4 Weeks and over	Under 4 Weeks	4 Weeks and over	
Measles	—	1	—	—	—	1	1
Heart Disease	—	2	—	—	—	2	2
Pneumonia	2	6	—	3	2	9	11
Bronchitis	—	1	—	3	—	4	4
Other Respiratory Diseases	—	1	—	1	—	2	2
Gastritis, Enteritis and Diarrhoea	—	2	1	2	1	4	5
Congenital Malformations ..	9	5	8	6	17	11	28
Other Causes	25	1	24	4	49	5	54
Accidents*	1	2	1	—	2	2	4
TOTALS	37	21	34	19	71	40	111

* Excluding motor-vehicle.

DEATHS

During the year, 2,630 deaths attributable to the Administrative County were registered, giving a crude death rate of 9.7 for 1965, compared with 9.4 in 1964. The death rate is calculated as the

number of deaths per 1,000 of the home population. The crude death rates of the County Districts and of England and Wales for 1965 are shown in Table II, together with the area comparability factors and adjusted death rates.

TABLE II—CRUDE DEATH RATES, AREA COMPARABILITY FACTORS, AND ADJUSTED DEATH RATES OF THE COUNTY DISTRICTS AND ENGLAND AND WALES, 1965

	Crude Death Rate per 1,000 Home Population	Area Comparability Factor	Adjusted Death Rate
Urban Districts	9.8	1.06	10.4
Ampthill	15.4	0.66	10.2
Bedford M.B.	9.4	1.09	10.2
Biggleswade	12.2	0.80	9.7
Dunstable M.B.	7.7	1.37	10.6
Kempston	12.1	0.92	11.2
Leighton—Linslade	11.1	1.03	11.4
Sandy	9.5	1.02	9.7
Rural Districts	9.6	1.04	10.0
Ampthill	9.4	0.99	9.3
Bedford	9.7	0.97	9.4
Biggleswade	12.4	0.87	10.8
Luton	7.1	1.45	10.4
Admin. County	9.7	1.05	10.2
England and Wales	11.5	—	—

Tables B and C of the Appendix show the causes of death in each of the County Districts and the age and sex distribution of deaths in the urban and rural areas of the County.

Heart disease was stated to be the cause of 798 of the 2,630 deaths registered and thus accounted for 30.3 per cent of the total. This proportion hardly changes from year to year.

There were 474 deaths attributable to cancer (described in the Tables as "malignant neoplasms"). This was 18.0 per cent of all deaths. A closer examination of the figures reveals that there were 267 males and 207 females. Of the males, 95 or more than one-third died from cancer of the lung or bronchus; 50 of these were aged between 45 and 64 years. Despite all the evidence linking cigarette smoking with lung cancer, there has so far been no noticeable acceptance of the facts. There may, however, be a glimmer of hope in the report of the Tobacco Advisory Committee that in 1965 the United Kingdom consumption of cigarettes slipped by 2 per cent to 112,000 millions.

But while the public at large seem unconcerned about lung cancer, considerable concern has been shown about cancer of the cervix in women. As a result, movements are afoot to introduce tests for the early detection of cervical cancer. Yet national statistics show that while the number of deaths from cancer of the uterus is no greater now than it was ten years ago, the number of women dying from lung cancer has increased steadily so that more now die from this form of cancer than the other. The Bedfordshire figures are very small. In 1965, there were 16 deaths of women from lung cancer and 20 from cancer of the uterus of which about two-thirds would have been cancer of the cervix.

This is not to belittle the campaign for cervical cytology; it is, rather, to demonstrate how much more difficult it is for people to accept facts which involve changing their attitudes and behaviour. Smokers are apparently unwilling or unable to give up smoking, even at the cost of their health.

The other major cause of death in Bedfordshire in 1965 was cerebral haemorrhage which, with 479 deaths, was responsible for 18.2 per cent of the total. Pneumonia and bronchitis between them accounted for 260 deaths (9.9 per cent) and accidents, 105 deaths (4.0 per cent).

No maternal death occurred in 1965.

ADMINISTRATIVE: The administrative arrangements for the health services in the County of Glamorgan have been under consideration since the 1945-46 session. In the summer of 1946, the County Council, in the light of the recommendations of the Committee of Inquiry into the Health Services of Glamorgan, decided to set up a Health Committee. This Committee, which was composed of representatives of the County Council, the Glamorgan County Council, and the Glamorgan County Council, has since that time been working on the problem of the health services in the County. It has held many meetings and has received many suggestions from the public. It has also been in touch with the Health Services Commission and the Ministry of Health. The Committee has now completed its work and has submitted a report to the County Council. This report contains many valuable suggestions and recommendations. It is hoped that these will be taken into consideration by the County Council and the Health Services Commission.

It is hoped that the County Council will be able to put into effect many of the suggestions and recommendations contained in the report. This will be a great help to the health services in the County. It will also be a great help to the public. The County Council has a duty to see that the health services in the County are as good as possible. It is hoped that the Health Committee will be able to do this. The County Council will be in touch with the Health Committee and will be able to put into effect many of the suggestions and recommendations contained in the report. This will be a great help to the health services in the County. It will also be a great help to the public.

SECTION II

THE COUNTY HEALTH SERVICES

ADMINISTRATION

During 1965 the administrative arrangements followed the pattern set out in the Report for 1964. In the autumn, the results of a lengthy investigation of the administration of the Health Department were published. Recommendations were made which, taken in conjunction with proposals for enabling the County Health Service to deal more effectively with problems of adult health, particularly in the field of geriatrics, will radically change the organisation of the Department. These changes will come into effect during 1966, and will be dealt with in the next Report.

Reference must, however, be made to two changes that took place on the 1st April, 1965, as the result of boundary revisions. Linslade U.D. was transferred from Buckinghamshire and combined with Leighton Buzzard U.D. to form Leighton-Linslade U.D.; and that part of Eaton Socon parish in Bedford R.D. comprising Eaton Ford and the village of Eaton Socon was transferred to the new County of Huntingdon and Peterborough.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care

There are now no ante-natal clinics with a medical officer in attendance but at Leighton Buzzard the midwives hold a weekly clinics for the patients they have booked. Altogether 157 women attended during the year.

Mothercraft and Relaxation

All the midwives have been trained to teach relaxation exercises to expectant mothers. At the end of the year classes were being held in 15 centres, an increase of three over the previous year. One of the main difficulties in the way of expanding this work is the lack of suitable premises. The usual practice is to combine relaxation with instruction to the mother on such things as the physiology of labour, preparations for the confinement and for the baby, and infant care. To this end the midwife and health visitor work as a team.

Altogether, 849 women attended the classes. Of these 159 were booked for hospital confinement.

Premature Births

All infants weighing $5\frac{1}{2}$ lbs. or less at birth are regarded as being premature and they need the most skilled attention if they are to survive. The great majority are born in hospital. For those born and nursed at home, the Authority have available special cots with appropriate equipment for use when required. There is close co-operation with the hospital authorities. 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.

During 1965 of the 6,005 live births notified, 326 or 5.4 per cent were premature. Of these 19 died within 24 hours and a further 11 by the end of six days. The number who survived for 28 days was 296 or 90.8 per cent. It will be seen from Table D (Appendix) that half the premature babies weighed more than 4 lbs. 15 ozs. There were 50 premature stillbirths notified (47 in hospital), representing 61.0 per cent of all notified stillbirths.

The Unmarried Mother and Her Child

There were 363 illegitimate live births and six illegitimate stillbirths registered in 1965. It is not known how many, if any, multiple births were included. Assuming there were none, we can say there were 369 illegitimate pregnancies during the year.

The ante-natal, midwifery and other services provided by the Authority are available to all expectant and nursing mothers, whether or not they are married. Additional care, where necessary, is provided for unmarried mothers and their babies by Diocesan bodies. The St. Albans Diocesan Council for Moral Welfare, the constituent bodies of which provide an outdoor welfare service covering the whole County receives substantial grants from the Local Health Authority. In addition, a Mother and Baby Home is provided in Bedford affording accommodation for the periods immediately preceding and following confinement. During the year 47 unmarried mothers were admitted.

The Northampton Diocesan Catholic Child Protection and Welfare Society also does much good work in Bedfordshire, engaging in outdoor social work and arranging for unmarried mothers to be admitted to suitable homes.

During the year, the Authority approved 18 applications for financial assistance to enable unmarried expectant mothers resident in the County to be admitted to homes, in every case outside the area.

Child Welfare Centres

With the boundary changes that took place on the 1st April, the County lost one centre at Eaton Socon but gained another in Linslade. In both Dunstable and Leighton Buzzard it became necessary to open centres in rented premises on housing estates to supplement the work of the main centres. Also, centres were started in the villages of Keysoe and Tilsworth.

Highlights of the year were the changeover from rented to purpose-built premises in Houghton Regis and Sandy. In both cases the site has been used to provide a library as well and this pattern will be used increasingly.

Because of the fall in attendances, clinics held in the villages of Blunham and Tempsford were discontinued. Thus at the end of the year there were 65 centres operating. Of these, eight were in purpose-built premises, two in premises owned by the Council and the remainder in halls rented for the purpose on a sessional basis.

In some of the more rural areas, one clinic often serves two or more villages. Where there is not a convenient public service, transport is provided by the Authority. The frequency with which a clinic is held varies from twice a week in the towns to once a month in the smaller villages. A Health Visitor is present at each session and a doctor attends at regular intervals depending on the size of the centre. The running of the centres is facilitated by the splendid assistance given by voluntary workers.

Details of the number of children who attended the various centres in 1965 are given in Table B (Appendix).

Children "At Risk"

Some children are more likely to be born with, or to develop, disabilities than others. By picking these out and paying particular attention to them, the disability may be arrested or even prevented from developing. And where this cannot be done, early recognition will enable suitable treatment and education to be instituted as early as possible. Wherever a factor which places a child at risk is present at birth it is indicated on the notification card and the system is working satisfactorily. Other factors are recorded whenever they come to light. At the end of 1965 there were 2,842 children under the age of five years on the "at risk" register.

Congenital Malformations

All congenital defects apparent at birth are recorded by the midwife on the notification of birth card. This applies to stillbirths as well as live births. Any necessary enquiries are then made and a report is sent to the Registrar General who will compile statistical information from which it should be possible to detect any national or regional changes in the pattern.

Phenylketonuria

Occasionally a baby is born with an inherited inability to digest proteins in the normal way. As a result a substance called phenylalanine accumulates in the blood to such an extent that the normal development of the brain may be interfered with and severe mental retardation results. This can be avoided, however, if the condition is recognised at an early age and the child is given appropriate dietary treatment. The diagnosis of the disease depends upon the fact that the excess of phenylalanine is excreted in the urine together with substances known as phenylketones and can be detected by a simple

test. The length of time between birth and the appearance of phenylketones in the urine varies and may be as long as six weeks. In order, therefore, to avoid all possibility of doubt health visitors carry out two routine tests on all infants—on the occasion of the first visit (i.e. at about the 12th day of life) and again between the fourth and sixth week after birth. No case of phenylketonuria was detected during the year.

Hearing Defects in Children

In recent years it has come to be recognised that defective hearing is more common in children than had been supposed and is the cause of much educational retardation. It has been found that very few children are totally deaf at birth and that even those severely handicapped have the ability to appreciate some sound. This "residual" hearing will only be used if special training is given. Assisted in suitable cases by a hearing aid, many such children can be successfully taught to speak, but to be most effective auditory training should be given continually during the first three or four years of life. Thus early diagnosis is of the utmost importance.

For this reason most of the health visitors have already been trained to apply a routine hearing test to infants at the age of approximately seven months. The intention is to enable proper educational provision to be made without undue delay.

Welfare Foods

The term "Welfare Foods" embraces national dried milk, orange juice, cod liver oil and vitamin A and D tablets which are supplied to expectant and nursing mothers, children up to the age of five years, and handicapped children.

Milk tokens which are supplied through the Ministry of Pensions and National Insurance can be used to obtain liquid milk at 4d. a pint or national dried milk at 2s. 4d. a tin. Where necessary additional supplies of dried milk can be obtained for children under one year of age.

Concentrated orange juice, which costs 1s. 6d. a bottle and is only obtainable through the Welfare Foods Service, has a very high content of vitamin C, one bottle being equivalent to nine oranges, and it is particularly recommended for expectant mothers and children under two years of age as their diet may not provide enough vitamin C. It is also recommended for handicapped children where there may be feeding difficulties.

Cod liver oil contains vitamin A which is essential for health and vitamin D which is required for sound bone formation and the

normal development of teeth. Young children often need more vitamin D than is obtained from ordinary food and mothers are recommended to begin giving their babies cod liver oil at the age of one month. Under the Welfare Foods Scheme cod liver oil costs 1s. 0d. a bottle.

During pregnancy an expectant mother needs extra amounts of vitamins A and D to maintain her own health and to help build the baby's bones and teeth. Tablets are supplied for this purpose at 6d. a packet. It is advisable for the mother to continue taking them for some months after the baby is born.

There were, at the end of the year 86 distribution centres in the County, 56 of them being Child Welfare Centres. Included in the others are village shops (post offices in the main) and private houses. The efficient distribution of Welfare Foods, particularly in the rural areas, is not easy. Nevertheless, it has been achieved and this is mainly due to the activities of the voluntary workers who man the majority of the distribution centres, and the constant attention of the Welfare Foods Officer.

It is pleasing to report that the demand for orange juice continued to increase. The demand for the other welfare foods remained constant.

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. The Local Health Authority provide facilities for the dental care of these classes in conjunction with the School Dental Service.

At the end of the year, a dental surgery was opened at the new Centre in Houghton Regis and Mr. Ingrouille was appointed. At Dunstable, there is one fixed surgery and a mobile surgery parked alongside in which Miss G. Watts, the dental auxiliary works. There is one surgery in Leighton Buzzard and another in Biggleswade. The Medical Centre at Union Street in Bedford houses three surgeries and patients from Bedford and the surrounding County area are treated there. Details of the work done are given in Table F in the Appendix.

Preventive measures are not overlooked and a note on these appears later in the Report in the paragraphs on Health Education.

Birth Control

It has for long been recognised that there are many cases where pregnancy or further pregnancy would be detrimental to a woman's health. To assist such women the Authority provide three clinics where expert advice on birth control may be obtained by women referred on medical grounds. Details of the attendances at each clinic are given in Table III.

TABLE III—ATTENDANCES AT BIRTH CONTROL CLINICS, 1965

	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	58	180	426	29
Bedford, Putnoe ...	56	121	276	25
Dunstable, Kingsway ...	5	76	122	20
TOTALS ...	119	377	824	74

In addition to the provision made by the Authority, for some years the Family Planning Association has operated a number of clinics in Bedfordshire.

Children in Care

The provision of residential homes and nurseries for children is a responsibility of the Children's 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 and hygiene point of view.

The County Medical Officer also arranges for children who are boarded out to be medically examined in accordance with Home Office Regulations. The usual practice is for the examination to be carried out by the general practitioner who attends the household.

Day Nurseries

Only one Day Nursery is provided by the Authority in the Administrative County and that is situated in Bedford Borough. The number of approved places is 40 and the average daily attendance in 1965 was 33.

Daily Minders

As an alternative to providing Day Nurseries the County Council have a Daily Minder's Scheme for children who require to be cared for during the day. Under this Scheme a register is maintained of persons approved by the Council as suitable to receive children by day. For each day that a minder has a child she receives 5s. 0d. from the Authority and 2s. 6d. from the parent. So far the Scheme has only operated in the south of the County. At the end of the year, there were eight daily minders caring for ten children. Close supervision is maintained by the health visitors.

NURSERIES AND CHILD MINDERS

Private Day Nurseries are governed by The Nurseries and Child-Minders Regulation Act, 1948, which 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 two nurseries, providing for 68 children, and 26 daily minders were so registered.

Play Groups

An interesting development in recent years has been the growth of voluntary play groups. These groups are intended for pre-school children and in a number of places are held in a local hall. In such cases groups are required to be registered under the Nurseries and Child Minders Regulation Act under the provision which empowers a Local Health Authority to supervise 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. The Health Committee require that :—

- (a) the number and ages of children received shall not exceed that specified ;
- (b) the Play Centres are at all times in the charge of a person holding a qualification acceptable to the County Medical Officer ;
- (c) they are adequately staffed in the ratio of at least one adult to every eight children (excluding domestic staff) ;
- (d) a register of names and addresses of children received shall be kept ;
- (e) no child known to be suffering from an infectious disease shall be admitted to the premises and that any case of infectious disease on the premises or any contact with the infectious disease shall be reported immediately to the County Medical Officer ;
- (f) at all times the building shall be maintained in a clean and hygienic condition.

At the end of 1965 there were 16 premises registered for play group purposes, two of them being in Bedford Borough.

HEALTH VISITING

Although the work of the health visitor is in the main still concerned with families where there are young children, the aged and specialist services require more and more of her time. There is a

tendency for her work to become more selective and for a close association to develop with hospitals and with general practitioners and other professional workers in the domiciliary field. In the case of patients discharged from hospital, they are followed up whenever notification is received. Visits are also paid to persons who fail to keep out-patients appointments. These, in the main, are ante-natal and post-natal patients. In most parts of the County the health visitors also serve as school nurses.

As in so many branches of the Health Service there is a shortage of staff. To help overcome this, the Authority have a scheme for recruiting suitable nurses and sending them for health visitor training on condition that they remain in the Council's service for at least one year after qualifying.

At the 31st December, 1965, there were six full-time health visitors, 34 full-time and one part-time health visitor-school nurses and two health visitors undertaking comprehensive duties, i.e. health visiting, school nursing, home nursing and midwifery. There were also three full-time tuberculosis visitors. Four health visitors were designated as Group Advisers, one of them being in Bedford Borough. Following the resignation of Miss E. L. Martin as Superintendent Health Visitor in August, it was decided to revert to the system of having a Chief Nursing Officer with overall responsibility for all nursing services. Accordingly the post of Superintendent Health Visitor was replaced by an additional Assistant Chief Nursing Officer. This post was not occupied until the 1st January, 1966.

During the year, 17,130 children under five years of age were seen in their homes and visits were paid to 630 persons aged 65 or over. There were 86 persons visited after discharge from hospital and visits were also paid to 36 mentally disordered persons. In addition to home visiting 2,522 attendances were made at Child Welfare Centres, nearly half of them without a doctor being present. As described in the relevant paragraphs, the health visitors co-operate with the midwives in the mothercraft classes and also attend the sessions of the birth control clinics.

Arrangements are made for attendance at refresher courses and 15 health visitors were sent during the year.

MIDWIVES SERVICE

At the end of 1965, whole-time midwives were employed in Bedford, Dunstable and Kempston, while in the remainder of the County nurse-midwives combined midwifery with home nursing. Altogether, there were 20 whole-time and one part-time midwives and 33 nurse-midwives (three being part-time). In addition, there were two health visitor-nurse-midwives undertaking midwifery as part of their comprehensive duties in rural areas. Non-medical supervision of midwives was undertaken by the Chief Nursing Officer.

Of the midwives employed by the Authority, 11 are approved as training midwives by the Central Midwives Board and take pupils for the three months' district training that they are required to do for Part II of their course. During the year 48 pupil midwives completed their district training. A further 12 were in training at the end of the year.

Most expectant mothers are normally seen at least twice by a doctor during the ante-natal period. In Leighton Buzzard the domiciliary midwives have regular ante-natal sessions at the clinic. In the remainder of the County ante-natal supervision is undertaken either in the patients' homes or at joint ante-natal clinics held in the doctors' surgeries. Maternity outfits are supplied free to all domiciliary patients. All the midwives have been trained to teach relaxation and as stated on page 18 at the end of the year classes were being held in 15 centres.

The number of domiciliary confinements attended by the Authority's midwives during the year was 2,246 and in all but seven cases, a doctor had been booked to provide maternity medical services. The proportion of all notified births (live and still) attributable to the Administrative County that took place at home was 37.4 per cent, compared with 41.5 per cent in 1964. Although there were about 200 more births altogether, approximately 150 fewer occurred at home.

Under the National Health Service Act, local health authorities are required to provide an adequate service of midwives to attend all women in their respective areas during the lying-in period. The minimum lying-in period is ten days and the maximum 28 days. In recent years there has been a substantial increase in the number of cases delivered in hospital and discharged before the expiry of the minimum lying-in period. They then come under the care of the domiciliary midwives. In 1965 the trend continued and there were 1,255 women discharged before the tenth day.

During 1965, 13 midwives attended refresher courses organised by the Royal College of Midwives. In addition the midwives were able to attend a Study Day in October organised at Bedford General Hospital (North Wing) by the North Bedfordshire Branch of the College.

Analgesia in Childbirth

Although all the midwives employed by the Authority are qualified to administer both Trilene and "Gas and Air", the former is now in general use. In addition, the midwives all carry pethidine. Many women have pethidine as well as inhalational analgesia; in other cases that is the only relief that is required. For many years it has been the case that analgesia is available, in the normal course of events, to every woman attended by the Authority's midwives and in over 90 per cent of cases it is used.

HOME NURSING

The existence and availability of the Local Health Authority's home health services are known to the hospitals and the family doctors and the services are called upon as required for any purpose. 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.

Despite an increase of nearly 400 in the number of patients attended (4,589) there was a slight drop in the number aged 65 years or over (1,675). Even so, elderly patients comprised 36.5 per cent of the total. Only 137 children under five years of age required home nursing.

As stated in the paragraphs dealing with the Midwives Service, in most of the area nurse-midwives combine home nursing with midwifery. At the 31st December, 1965, there were, in addition to the 33 nurse-midwives (three part-time) and two health visitor-nurse-midwives already mentioned, 33 full-time and two part-time nurses. Of the full-time nurses six were men. Supervision was maintained by the Chief Nursing Officer.

In order to maintain the high standard of efficiency of the Service, nurses who are recruited may be sent away for district training if this has not already been undertaken. In many cases housing is provided for nurses and the Authority are very grateful to the various District Councils who have made suitable houses available.

The Queen's Institute of District Nursing arranges refresher courses for district nurses and ten nurses attended such courses during 1965.

DOMESTIC HELP

Home Helps are provided for households where assistance is needed owing to the presence of any person who is ill, lying-in, an expectant mother, mentally subnormal, aged, or a child not over compulsory school age. 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 based on the family income and liabilities is made.

New housing in some villages is causing an increased demand for home helps, particularly in maternity cases, but not always sufficiently to warrant the regular employment of home helps in

these places. In general, it is possible to provide a service throughout the County but there are places, especially in rural areas, where lack of public transport creates difficulties.

In order to provide a better service to the elderly infirm in cases where a home help employed on an hourly basis would not adequately cover the needs of the case, there is a Neighbourly Help Scheme. A neighbour is enrolled as a home help for that particular case to give the necessary help as and when required and she is paid a fixed weekly sum. The help given includes such things as lighting fires, cleaning, shopping, preparation of meals and helping the old person into bed at night.

At the end of the year, six full-time and 252 part-time home helps were employed under the supervision of two organisers, one for the south of the County and the other for the north, including Bedford. The number of cases where help was provided during the year was 1,813 of whom 1,235 were aged 65 or over. Of the remainder, 349 were maternity cases.

In addition to the Home Help Service, there is a Sitters-up Scheme but demand has been negligible. 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.

CARE OF THE ELDERLY

Care of the elderly generally is undoubtedly going to occupy an important position in the future of the work of local health authorities. Many services are involved, including health visiting, home nursing, domestic help, chiropody and mental health. Under these various headings in the Report, mention is made of work with old people.

At the end of 1965, the Health Committee decided to appoint nursing auxiliaries to perform some of the duties normally carried out by home helps and to relieve district nurses of duties for which their full nursing skills are not required. They will be completely mobile, using mini-vans carrying cleaning and other equipment. The possibility of operating a shift system in order that the service can operate at week-ends is being considered.

Other services and agencies are also actively involved with old people and there is need for close liaison to ensure that full and efficient use is made of the facilities available. To this end, the Ministry of Health issued circular 18/65 on "Care of the Elderly in Hospitals and Residential Homes". As a result a Geriatric Liaison Committee for Bedfordshire (including Luton) was set up in November with two working sub-committees for the north and the south of the County.

AMBULANCE SERVICE

The County Council make direct provision of an ambulance service for the whole of the Administrative County. Arrangements exist however, for the Luton County Borough Ambulance Service to deal with all calls to accidents on that stretch of the M.1 motorway that is within the County. In addition it has been agreed that wherever possible Luton ambulances conveying patients to London or to Edgbury Hospital shall also take patients from the surrounding County area.

The opening of a new ambulance station in Leighton Buzzard to serve the Leighton-Linslade area was timed to coincide with the transfer of Linslade into Bedfordshire on the 1st April, 1965. Thus at the end of the year there were five ambulance stations in the County housing 23 ambulances, 10 dual-purpose vehicles and three cars. The ambulance staff employed comprised one Chief Ambulance Officer, one maintenance officer, five station officers, two deputy station officers and 65 driver-attendants.

It is with great regret that the death is recorded of Mr. J. Gamble in December. He had been station officer at Ampthill since 1946.

There is a three year cycle of training whereby the ambulance personnel cover in successive years first aid, civil defence and hospital accident work. For this last-mentioned the men spend a short period at the Accident Department of the local hospital and the co-operation of the hospital staff is greatly appreciated.

Considerable use is made of the Hospital Car Service. This is a voluntary scheme whereby private motorists give their services but receive a mileage payment in respect of running expenses. Wherever possible patients who have to travel long distances are sent by train. This was done on 22 occasions during the year, three of the patients being stretcher cases. Where it is possible for a relative to accompany the patient, the Authority pay the fare.

Table IV shows the number of persons carried and miles travelled in 1965 by vehicles at each of the five stations and by the Hospital Car Service. Altogether the Council's vehicles recorded 564,415 miles, of which 9,455 miles were travelled on behalf of other authorities. A further 10,842 miles were travelled by other Ambulance Services in conveying Bedfordshire patients.

TABLE IV—MILEAGE TRAVELLED AND PERSONS CARRIED BY
COUNTY AMBULANCE SERVICE AND HOSPITAL CAR SERVICE, 1965

Station or service	Mileage	Persons carried			
		Accident	Sickness	Other	Total
Ambulance Station—					
Ampthill	106,438	883	11,136	—	12,019
Kempston	185,500	2,517	23,199	—	25,716
Biggleswade	127,010	1,154	14,712	274	16,140
Dunstable	95,359	1,799	9,816	1	11,616
Leighton—Linslade* ..	50,108	523	7,818	4	8,345
	564,415	6,876	66,681	279	73,836
Hospital Car Service ..	219,407	—	5,917	1,939	7,856
	783,822	6,876	72,598	2,218	81,692

* Opened 1.4.65

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis and the Tuberculous

When the National Health Service came into operation, the special facilities already being provided by the County Council for sufferers from tuberculosis were continued and, where necessary, expanded. Many of these facilities are no longer needed.

Treatment, of course, is now provided by the Regional Hospital Board and the senior Chest Physicians at the Bedford and Luton Chest Clinics are jointly employed by the Board and the Local Health Authority. Three full-time tuberculosis visitors are employed by the Authority.

As far as tuberculous patients being nursed at home are concerned, domestic help, occupational therapy and medical comforts are available to them in common with those suffering from other illnesses.

Protection of contacts, schoolchildren and others against tuberculosis by means of B.C.G. vaccination is carried out as part of these provisions. Details are given in the next Section of the Report under the general heading of Vaccination and Immunisation.

Medical Comforts

For the care and after-care of sick persons being nursed at home, the Authority provide certain nursing equipment and apparatus on loan. The items concerned are described generally as "medical comforts". The scheme is mainly operated on an agency basis by the

St. John Ambulance Brigade and the British Red Cross Society who, in all, were running 25 Medical Comforts Depots in the County at the end of the year. The Authority make a small grant to the Bedfordshire Headquarters of each body and pay 100 per cent of the cost of initial equipment, as well as 85 per cent of the cost of replacements.

Incontinence Pads

Disposable incontinence pads are provided in all appropriate cases. As they are classed as nursing equipment it is considered that they should be available only for persons requiring nursing assistance and that a nurse should be the person to decide whether or not pads are to be supplied, and also the number. In most cases there is no difficulty because a domiciliary nurse is in attendance. In the few cases where this is not so, the doctor requests the appropriate home nurse to pay a visit and assess the need. No charge is made for the pads. After use they are normally disposed of by burning on the domestic fire.

Occupational Therapy

Occupational therapy is that form of treatment which includes any occupation, mental or physical, definitely prescribed and guided by a doctor for the distinct purpose of contributing to and hastening the recovery from disease or injury, and of assisting in the social and environmental adjustment of individuals requiring long and indefinite periods of treatment. Rehabilitation takes various forms. Thus, for those who are suffering from a temporary physical disability, the aim is to restore full muscular function. Where the patient has a permanent physical disability, he is assisted to overcome it so that he may become independent as far as possible. With mental patients, the aim is to enable them to once again take their place as normal members of the community.

Generally speaking, diversional activity as a means of passing the time is not part of occupational therapy although it is realised that for some patients it is good for their morale and helps to create a mental attitude that is conducive to recovery. These patients can, however, be helped by any person who is proficient in craftwork and do not require the skilled services of an occupational therapist.

For the past few years it has not been possible to provide adequate domiciliary occupational therapy in the northern part of the County, partly because of the ill-health of Miss D. Smith and partly because of the inability to fill a vacancy in the establishment. At the end of March, Miss Smith found it necessary to retire. Eventually, Mrs. M. Chamberlain was appointed in October. The south of the County continued to be served by Miss Davidson.

Under the scheme of delegation an occupational therapist is employed by the Bedford Borough Council.

Problem Families

Because of their conditions of life and their failure to respond to the social assistance available, certain families 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.

The presence of such families imposes a burden on the medical and nursing staff, particularly the health visitors who are continually carrying out valuable preventative work. Much of the effort to help such families is time consuming and for this reason suitably experienced social workers are employed solely for this work. At the end of the year there were three such social workers, one of them being in Bedford Borough.

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 seven years of age) 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.

Convalescence

The Authority have a scheme for the provision of such convalescent facilities as lie outside the scope of the Regional Hospital Board, a charge being made depending upon the family's financial circumstances. It is under this scheme that the mothers mentioned in the preceding paragraph are sent to recuperative centres when the need arises. In most cases, however, the scheme is used for those mothers who are overburdened to such an extent that their health is suffering.

Chiropody Service

A Chiropody Service is provided for the elderly, expectant mothers and handicapped persons. In some areas of the County the Service for the elderly is provided by voluntary organisations. At the end of 1965 there were, in the County area, 26 Clubs providing a Chiropody Service subsidised by the Authority.

In order to provide a service for expectant mothers and the handicapped, as well as for elderly persons in those parts of the County area not served by the voluntary bodies, two whole-time chiropodists are employed. A third post was added to the establishment in 1964 and a fourth in 1965 but at the end of 1965 neither had

been filled. The chiropodists hold clinics at Biggleswade, Dunstable and Leighton Buzzard centres and also visit 12 Clubs for the elderly as well as a residential home for the elderly run by the W.V.S.

During the year 1965, the following treatments were carried out :—

			<i>Treatments</i>
(a) Directly provided service—			
(i)	At club premises	...	2,024
(ii)	At the homes of patients	...	752
(iii)	At Local Authority Clinics	...	1,247
			<hr/> 4,023
(b) Voluntary Organisations service—			
(i)	At club premises	...	7,761
(ii)	At the homes of patients	...	3,466
			<hr/> 11,227
Total			<hr/> 15,250

In a few areas where there are no Clubs, arrangements are made for elderly people to be treated by private chiropodists on a *per capita* basis. The work done by this means is included under (a) above.

In Bedford the Old People's Welfare Committee operate a chiropody service, including the provision of a clinic, all the expenses being borne by the Local Authority. There were 3,294 treatments given at the clinic and 854 in patients' homes. In addition, a County Chiropodist spends one day a week at Barford Avenue Clinic and half a day at Putnoe Clinic. He undertook 659 treatments of Bedford persons at these Clinics during 1965, as well as 146 domiciliary treatments in the Borough. Also, a private chiropodist undertook some work on a *per capita* basis, giving 512 treatments in his own surgery and a further 98 in patients' homes.

MENTAL HEALTH SERVICE

The establishment was increased by two mental welfare officers during the year. Both posts were filled by the appointment of trainees as was also the vacancy created by the promotion of Mr. S. W. Ivett to replace Mr. B. G. Garner. At the 31st December the staff comprised the Senior Medical Officer for Mental Health, the Chief Mental Welfare Officer and his assistant, two senior mental welfare officers, four mental welfare officers with two or more years experience, and five trainee mental welfare officers. One post for a welfare assistant remained unfilled.

Three of the mental welfare officers are undertaking External Diploma Courses in Social Studies. All trainee mental welfare officers are receiving in-service training which is organised by the Service, and which also covers trainee social workers from the Welfare and Children's Departments of the County, County Borough of Luton and the Borough of Bedford. Mr. Ivett successfully completed his training as a Psychiatric Social Worker in October.

Mental Handicap

Training facilities are provided in the north of the County at the Kempston Junior Training Centre, to which is attached a workshop for older boys and men, and in the south of the County at the Dunstable Junior Training Centre. In anticipation of the opening, early in 1966, of an adult training centre in the County Borough of Luton, the lease of the Men's Training Workshop in Dunstable was not renewed when it expired at the end of the year. The Bedford Adult Training Workshop is expected to be completed early in 1966. The places thus freed at the junior centres, together with extensions to both junior centres scheduled for 1966-67 should meet the need for the immediate future. It now seems unlikely that the planned third junior centre in the east of the County will be required immediately. Details of those attending and waiting for training facilities at the 31st December, are contained in Table G of the Appendix.

The Home Teacher was at the same date providing training and occupation in their own homes for 26 other cases. Twelve of these were undertaking light industrial work in the form of assembly and packing, for which they received payment from the firms concerned.

The number of handicapped persons of all ages under community care rose by nearly 17 per cent to 396 at the 31st December. This rise was in part accounted for by a somewhat higher proportion of new cases referred during the year. Sources of referral are shown in Table V.

TABLE V—SOURCES FROM WHICH CASES OF MENTAL ILLNESS AND MENTAL SUBNORMALITY WERE REFERRED, 1965

Source	Mentally Ill	Mentally Subnormal & Severely Subnormal
General Practitioners	548	9
General Hospitals	95	6
Fairfield Hospital	91	1
Relatives	49	13
Police	39	3
Patients themselves	29	2
Welfare Department	11	—
Bedford Psychiatric Clinic	9	—
Neighbours and Friends	6	1
Probation Service	6	1
Other Departments (excluding Welfare)	5	6
Psychiatric Hospitals outside County	3	—
Health Visitors	3	4
National Assistance Board	1	—
School Health Service	—	10
Other Local Health Authorities	—	14
Hospitals for the Subnormal	—	17
Other Sources	43	8
Totals	938	95

It is not the policy of the Service to make routine visits at specific intervals. Visiting is undertaken according to individual need, and reliance is placed on the establishment of a sufficiently sound relationship to ensure that in case of difficulty the patient or family turn to the Service for help and guidance. Minimal use is made of powers of guardianship, under which there were five cases at the 31st December. Only rarely can more be done under compulsion of this kind than can be done on an informal basis.

The waiting list for hospital care is small. At the end of the year there were ten cases on the list. Eight were under 7 years of age, and two between the ages of 8 and 15. Vacancies are, however, rare and some cases, particularly in the under 7 age group, present major problems in their homes. Short term care was provided, mainly by the hospitals, in 30 cases during the year.

Plans for the provision of the Authority's first hostel, for the older mentally handicapped person whose parents can no longer cope, are being pressed forward.

Mental Illness

Table V shows the sources from which the 938 referrals were made during the year, and Table VI the sex-age distribution. The figure for 1964 was 956 and represented a 42.5 per cent increase over the previous year. Part of that large increase was accounted for by 80 cases investigated in connection with the opening of the "Rivermead" Home for the elderly mentally infirm. In 1965, 32 cases were investigated for this purpose but in spite of this substantial reduction, the overall referral rate did not fall significantly. Seventy-one cases investigated prior to their first attendance at the Bedford Out-Patient Clinic are not included in the above figures. Cases referred by general practitioners account for 58.4 per cent of the total, as compared with 50 per cent in 1964.

TABLE VI—SEX-AGE DISTRIBUTION OF CASES OF MENTAL ILLNESS
REFERRED IN 1965

	Age							Totals
	Under 21	21-30	31-40	41-50	51-60	61-70	71 and over	
Males ..	32	53	84	62	46	29	49	355
Females ..	26	87	118	88	73	80	111	583
Totals ..	58	140	202	150	119	109	160	938

Turnover in the "Rivermead" Home for the elderly mentally infirm continues to be high. During the year, 15 residents were transferred to hospitals, nine died, and one left at his own request. This means that since the Home was opened in April, 1964 the 35 beds have been occupied by a total of 73 residents. Of the total of 21 residents transferred since April, 1964 to hospitals, only nine have been to psychiatric hospitals. Thus the Unit seems to be making a significant contribution to reducing demand for psychiatric hospital beds. The average age of the residents is approximately 86 years. A second home is planned for South Bedfordshire in 1966-67.

In spite of the inclusion of cases referred to "Rivermead" the proportion of aged patients referred shows a substantial decrease. In 1964 31.6 per cent of all referrals were over 60 years of age. In 1965 the proportion was only 18 per cent.

At the 31st December, the number of cases of mental illness under prolonged community care by mental welfare officers was 181, compared with 208 at the end of 1964. This reduction is a reflection of the high proportion of trainee mental welfare officers who, at this stage of their training and experience are unable to undertake this kind of work. Compulsory admissions to hospital though forming a slightly higher proportion of action taken by the Service, continues to be a relatively small part of the work. The increase may again be a reflection of the lack of experience in supportive community work of a substantial number of the field staff. Details of the actions taken are set out below:—

COMPULSORY ACTION:

Admitted to Hospital—				
for Observation	Emergency	...	...	78
for Observation	...	...	...	63
for Treatment	...	...	...	17

NON-COMPULSORY ACTION:

Admitted to hospital informally	278
Placed under Community Care	79
Other Action	538

TOTAL	1,053
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Community care, together with referral to out-patient clinics and where necessary domiciliary consultation accounted for more than half of the work of the Service where direct admission to hospital was not arranged.

Liaison

As will be clear from the high proportion of cases referred by general practitioners, a very close and harmonious relationship obtains between them and the Service. All work done with patients in the community is undertaken in close liaison with the general practitioner who, except in emergencies, is always consulted before



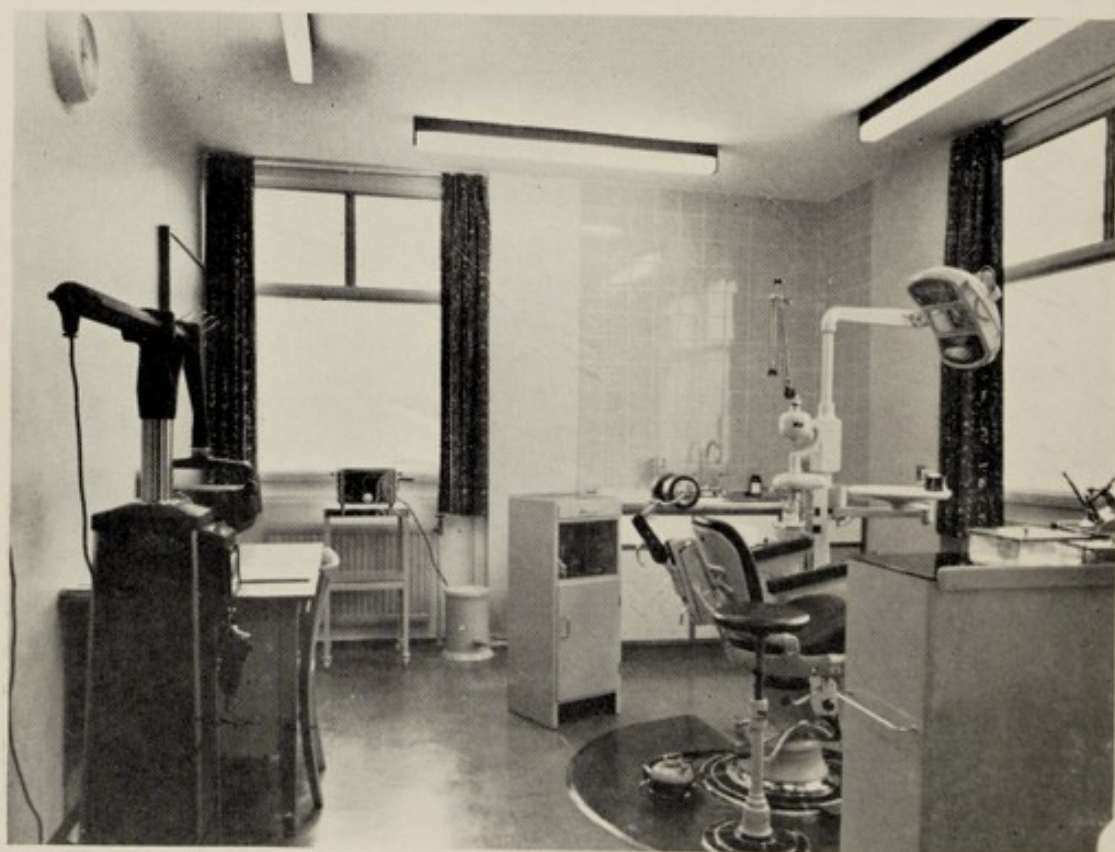
ACTIVITY IN THE NEW CLINIC PREMISES IN SANDY



ALDERMAN H. R. WALLER, O.B.E., J.P., D.L.
CHAIRMAN OF THE HEALTH COMMITTEE
1953 - 1965



W. C. V. BROTHWOOD, M.A., M.D., D.P.H.
COUNTY MEDICAL OFFICER OF HEALTH
1947 - 1965



THE MAIN WAITING HALL AND DENTAL SURGERY AT THE
NEW HOUGHTON REGIS CENTRE

contact is made, is brought into discussions and kept informed of developments. Liaison with hospitals and out-patient clinics for the mentally ill and the subnormal and all other social services, statutory and voluntary, in the area is also very extensive.

Collaboration with the County Borough of Luton remains close, particularly in relation to the provision of training facilities for the mentally handicapped and the out-of-hours emergency service in the south of the County.

Voluntary Help

The three branches of the Society for Mentally Handicapped Children—Bedford and District; Biggleswade, Sandy and District; and Dunstable and District—continue to be of great help. The Bedford and District Society's organisation of an annual seaside holiday, their weekly crèche and swimming sessions, together with gifts from Societies to training centres are all instances of their practical help. Their efforts in increasing further awareness of the problem of mental handicap are very well worthwhile. Perhaps the greatest benefit they have conferred is to provide an opportunity for parents to share their experiences and problems with others in like case, and thereby to help to break down their sense of isolation.

Towards the end of the year, arrangements were made for a small group of older boys from Bedford Modern School to visit the Training Centre at Kempston as part of their education in the social services. As a result, this group now visits the Centre regularly each week, taking particular interest in the older boys and girls. They help in the Workshop, take part in outdoor games, and are teaching a few of the trainees to ride a bicycle. This kind of interest and social awareness on the part of young people cannot but improve public understanding of mental handicap and is accordingly very welcome.

The Lee-Lanes 10-Pin Bowling Rink, Bedford, has also been made available once a fortnight for use by a group of older trainees. The outing is proving well worth while from the social, physical and general training points of view and the return journey gives opportunity for teaching road sense under normal traffic conditions.

HEALTH EDUCATION

Steady, if unspectacular progress, in health education was maintained during the year. A tremendous amount of health education in fact, if not in name, is carried out by many members of the Health Department staff in their everyday contacts with members of the public.

On a more organised basis an increasing amount of work is being done with groups, either assembled for the purpose like mothercraft classes in clinics, or meeting for some other purpose and wanting to know about some aspect or other of health. In this category come all the various organisations such as Women's Institutes.

Reference has already been made to the increasing number of mothercraft and relaxation classes being provided for expectant mothers. Wherever possible they are shown a film of the birth of a baby. This was done on 47 occasions during the year, sometimes in the evening so that husbands could also attend.

Other organisations were provided with film shows by the Health Education Officer on 24 occasions and several talks were given both by him and by various members of the staff, particularly the health visitors.

Food Hygiene

Training courses for their staff are organised throughout the year by the School Meals Service. At each course a talk on food hygiene is given by the Health Education Officer.

Home Safety

For many years particular attention has been paid to the prevention of home accidents. The Authority make a contribution to the Royal Society for the Prevention of Accidents and receive information and material from that organisation. There are four voluntary Home Safety Committees in the County—Bedford and District, Biggleswade and District, Dunstable and Sandy—and the County Health Department is represented on each of them by the Health Education Officer. Home Safety is the subject of many talks given by him.

A new and most attractive poster depicting a number of the more common poisonous fruits and berries was published by the Royal Society for the Prevention of Accidents early in the year and copies were sent to all maintained and independent schools in the County. Several schools requested additional copies.

In conjunction with National Fire Prevention Week in October, wallcharts on Fire Prevention and Home Safety, together with teaching notes, were sent to all schools and it was pointed out that a number of accidents that occur in the home could just as easily happen in school.

Dental Care

The schools were again reminded of the need for dental health education and talks were given by the dental auxiliary. An attempt was made to launch a scheme for the supply of small apples for sale in school tuck-shops. As the result of a communication with the General Dental Council, the Fresh Fruit and Vegetable Council agreed to arrange a supply to interested schools starting in September. Sixty-four schools signified a desire to participate but price and distribution difficulties were much greater than the Fresh Fruit and Vegetable Council had anticipated. There is hope, however, that a start will be made in September, 1966.

Human Relations

As in previous years, one health visitor participated in courses at four secondary modern schools which are designed to prepare girls to take their place in the world. Requests for much more limited help (e.g. demonstration of bathing a baby) continued to be received from some other schools. In such cases every effort is made to get the scope of the course widened and as much help as possible is given.

Care of the Feet

In the last Report an account was given of a display of suitable footwear for teenage girls that had been assembled in the Department for use in schools. This aroused considerable interest. In most cases, while the display was in the school talks illustrated by film strips were given by health visitors.

The further co-operation of the manufacturers concerned was sought during 1965 and at the end of the year a second display—of shoes for pre-school children—was prepared for use in the clinics.

SECTION III

PREVALENCE OF, AND CONTROL OVER,
COMMUNICABLE DISEASES:
OTHER HEALTH MATTERS

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PREVALENCE OF, AND CONTROL OVER,
COMMUNICABLE DISEASES:
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NOTIFIABLE DISEASES

Certain infectious diseases are classified as notifiable. This means that when a doctor finds a patient suffering from such a disease he should notify the medical officer of health for the district. The extent to which this is done would appear to vary, being more or less complete in the cases of the more serious diseases and only partial in the less serious. Table VII has been compiled from returns submitted by the district medical officers.

TABLE VII—NUMBER OF CASES OF NOTIFIABLE DISEASES NOTIFIED AND CONFIRMED IN EACH DISTRICT OF THE ADMINISTRATIVE COUNTY, 1965

	Amptihill		Bedford		Biggleswade		Dunstable Borough	Kempston Urban	Leighton—Linslade Urban	Luton Rural	Sandy Urban	TOTALS
	Urban	Rural	Borough	Rural	Urban	Rural						
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	7	42	18	—	1	5	7	13	14	2	109
Whooping Cough	—	5	58	29	6	36	1	1	7	1	25	169
Measles	1	282	954	506	48	538	422	46	74	308	61	3,240
Poliomyelitis—												
Paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	1	1	1	—	—	2	—	1	2	—	8
Acute Pneumonia—												
(Primary or Infl.)	—	—	12	3	—	5	—	—	3	2	5	30
Typhoid Fever	—	—	1	—	—	—	—	—	—	—	—	1
Paratyphoid Fever	—	—	1	1	—	—	—	—	—	—	—	2
Dysentery	—	—	146	7	2	3	—	2	—	17	1	178
Food Poisoning	—	1	2	3	—	—	—	—	—	—	—	6
Infective Hepatitis (in-												
cluding Jaundice)	—	3	26	13	—	5	2	2	1	1	3	56
Puerperal Pyrexia	—	1	99	—	—	—	1	—	1	1	—	103
Ophthalmia Neonatorum	—	—	1	—	—	—	5	—	—	1	1	8
Tuberculosis—												
Respiratory	—	3	36	9	1	7	9	4	4	3	—	76
Meninges and C.N.S.	—	—	—	—	—	1	—	—	—	—	—	1
Other	—	—	9	2	—	1	1	—	3	1	—	17
TOTALS	1	303	1,388	592	57	597	448	62	107	351	98	4,004

Of the 4,004 cases of infection notified, four-fifths were measles. This disease seems to travel round the County so that as it dies out in one place, it breaks out somewhere else. For example Leighton

Buzzard had 74 cases in 1965 after 319 in 1964, whereas there were 422 cases in Dunstable compared with 169 in the previous year. As a result the County seems never to be free of measles and there have been over two thousand notifications in each of the past five years.

Notifications of cases of whooping cough are now at a comparatively low level. The disease is much less severe than it was before the introduction of vaccination.

VACCINATION AND IMMUNISATION

All forms of vaccination and immunisation are voluntary and every effort is made to persuade parents to have their children protected. Over the years protection has become available against an increasing number of diseases and much thought has been given to the order in which the protection should be given as well as to the timing. The combination of whooping cough vaccination with diphtheria and tetanus immunisation simplified the programme by reducing the number of injections; and the changeover from injection to oral administration of poliomyelitis vaccine helped still further.

At the end of the year, following recommendations sent out by the Ministry of Health, discussions took place between the County Medical Officer and the Medical Officers of Health for Bedford and Luton. The suggested programme set out below was drawn up and circulated to all doctors in the area.

Time-table for Injections

Visit	Age	Vaccine	Interval
1st	3 months	Triple (diphtheria, tetanus and whooping cough) plus oral polio	4 weeks
2nd	4 months	Triple (diphtheria, tetanus and whooping cough) plus oral polio	4 weeks
3rd	5 months	Triple (diphtheria, tetanus and whooping cough) plus oral polio	
4th	15 months	Smallpox	
5th	16 months	Booster of triple (diphtheria, tetanus and whooping cough) plus oral polio	
6th	School Entry (5 years)	Booster of diphtheria, tetanus and oral polio	
7th	Before transfer to Secondary School (10 years)	Booster of diphtheria, tetanus and oral polio	

Smallpox

All routine vaccination against smallpox is undertaken by general practitioners. Table VIII gives the number of children in various age-groups vaccinated during 1965. Only 28.0 per cent of children born in 1964 were reported to have been vaccinated by the end of 1965.

TABLE VIII—NUMBER OF CHILDREN VACCINATED OR REVACCINATED, 1965, BY AGE-GROUPS

Age at date of vaccination	Vaccinated	Revaccinated
0-	191	—
1-	1,286	—
2-4	793	29
5-15	125	126
Total	2,395	155

Diphtheria, Whooping Cough and Tetanus

An isolated case of diphtheria in Bedfordshire in 1957 is the only one to have occurred since 1949. This can undoubtedly be attributed to the fact that the great majority of parents have their children immunised against the disease. The fact that outbreaks still occur from time to time in other parts of the country is a reminder of the importance of maintaining this high degree of protection. The general practice today is for children to receive a triple antigen against diphtheria, whooping cough and tetanus, normally given in three injections at monthly intervals in the first year of life. A booster injection of the triple antigen is then given about a year later. To maintain the protection against diphtheria, further booster doses (usually in combination with tetanus toxoid) are given when the child starts school and again in the last year at primary school. Full details of immunisations completed in 1965 are given in Tables H and I of the Appendix. Of children born in 1964, 78.6 per cent had been protected against diphtheria by the end of 1965.

Poliomyelitis

For the third successive year no case of poliomyelitis was recorded in the area of the Administrative County. Thus within a period of twenty years we have witnessed tragedy and triumph. The tragedy began in 1947 when cases of poliomyelitis occurred in epidemic proportions. They continued to do so for the next eleven years. Altogether during the period 1947 to 1958, there were 355 cases of whom 44 died. Of the survivors many were permanently

handicapped, some severely so. In 1956, vaccination against the disease was introduced in Bedfordshire on a limited scale. This was gradually extended until it became generally available at the end of 1960. The vaccine used was given by injection. Subsequently another vaccine was developed that could be given by mouth and this is the one now in general use.

Details of the number of children who received protection against poliomyelitis in 1965 are given in Tables H and I of the Appendix. By the end of the year, 72.3 per cent of children born in 1964 had been vaccinated.

Tuberculosis

Although the post-war era has seen a dramatic reduction in the mortality from respiratory tuberculosis, the incidence of the disease has not declined to the same extent. In 1965 there were five deaths and 76 new cases notified.

In 1957 the County Council introduced a scheme for giving protection to children in their last year at school by means of B.C.G. vaccination. Since then the scheme has been extended to students attending universities, technical colleges and other establishments of further education.

As contact with the disease often stimulates the body's defensive mechanism, a skin test is first performed to determine whether this has happened. Anyone giving a positive result does not require vaccination but must be referred to the Chest Clinic for further investigation.

In 1965, the number of schoolchildren and students skin tested was 2,681 of whom 2,310 were found to be negative. All but 20 of these were vaccinated. Those who gave positive results were referred to the Chest Clinics. Many of them, not unnaturally, were already known. The remainder were investigated but none was found to have active infection.

There is also a scheme for vaccinating suitable contacts of tuberculosis patients. Altogether 728 contacts were skin tested and 310 were found to be positive. Of those that were negative 148 were vaccinated.

The increasing use of B.C.G. vaccination and the decline in the tuberculosis infection rate must not lead to any relaxation in the efforts to seek out cases and to institute effective treatment so that the patient becomes non-infectious as quickly as possible. Mass-radiography is still an important instrument for detection and Units from the Regional Hospital Board visit various parts of the County every three years. In addition, the Board provides weekly sessions in certain centres to which general practitioners can refer patients for chest X-ray.

IMMIGRANTS

Some immigrants come from countries where the incidence of tuberculosis is high and are likely, therefore, to be infected. Others come from countries where tuberculosis is rare and they, in consequence, are particularly susceptible to the disease. The Minister of Health advises long-term immigrants to have a chest X-ray where appropriate. In addition, a tuberculin test followed by the offer of B.C.G. vaccination may be made. Immigrants of school age come within the normal B.C.G. vaccination scheme and there is discretion to include in the scheme children who on arrival may fall outside the age group in which the scheme normally operates.

VENEREAL DISEASES

Venereal diseases are not notifiable and it is not possible to ascertain accurately the incidence of the various conditions within the County. Diagnosis and treatment are the responsibility of the Regional Hospital Board and Special Clinics are held at Bedford General Hospital (South Wing) and St. Mary's Hospital, Luton. A nursing auxiliary employed by the Authority is attached to the Bedford Clinic to follow up patients and to trace contacts. It is known that some Bedfordshire residents seek treatment at Clinics outside the County but the number is probably small. The numbers of new cases of venereal disease presenting themselves to the two Special Clinics each year since 1950 are given in Table IX. Cases of re-infection after successful treatment are counted as new cases but cases which have already been seen elsewhere are not. The figures for the Luton Clinic include residents of Luton C.B.

Dr. J. Couchman, consultant venereologist at the Bedford Clinic comments: "You may note a small increase in the cases of early syphilis which have been traced to two female sources in Bedford, both of whom we were able to identify and bring in for treatment. This is an example of how useful it is to have a social worker attached to the Special Clinic, as without her assistance, neither of these two women would have been found or treated. Otherwise you will notice a small decrease in the number of cases of gonorrhoea and a small increase in cases of other conditions, notably non-specific urethritis in the male.

"I get the impression that the wave of West Indian cases is subsiding as more of their own women arrive. The chief source of infection is still the 'poor white' female living on National Assistance and part-time prostitution."

Of the 34 males reported as new cases of syphilis, 27 had either the primary or secondary form of the disease. All but five were aged 25 years or over. None was under 20 years of age. Similarly of seven females with primary or secondary syphilis, four were aged 25 years or over. One was in the group 18-19 years.

Just over two-thirds of the males with gonorrhoea were 25 years or over. Less than 4 per cent were under 20 years of age. The females, of whom there were far fewer, were divided evenly between the three groups—under 20 years; 20-24 years; 25 years and over.

TABLE IX—NEW CASES OF VENEREAL DISEASE TREATED AT
SPECIAL CLINICS IN BEDFORDSHIRE, 1950-65

	Syphilis		Gonorrhoea		Other Conditions	
	M.	F.	M.	F.	M.	F.
1950	57	39	113	33	261	192
1951	19	31	79	18	244	198
1952	27	31	60	23	228	176
1953	21	23	55	28	249	173
1954	21	11	50	26	284	152
1955	12	14	53	30	233	188
1956	12	17	47	12	250	149
1957	18	10	96	16	258	121
1958	20	12	120	25	298	109
1959	17	10	135	21	325	133
1960	14	16	202	39	376	171
1961	23	13	225	50	476	245
1962	12	10	277	35	425	250
1963	25	10	304	70	556	285
1964	23	12	248	78	530	387
1965	34	10	224	69	587	322

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 Borough of Bedford 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.

The work of sampling is shared between the Milk Sampling Officer on the staff of the Health Department and the Chief Inspector of Weights and Measures acting for the County Medical Officer. In general terms, the former deals with all samples relating to milk,

liquid cream and ice-cream except for flavoured milks and milk drinks in cafes. The Chief Inspector and his assistants take other samples in accordance with the Food and Drugs Act and are also responsible for the enforcement of the relevant sections of the Merchandise Marks Act and the Pharmacy and Poisons Act.

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 the Food Hygiene (General) Regulations, 1960. Assistant County Medical Officers make routine inspections of school canteens on the occasions of routine medical inspections.

MILK SAMPLING

Samples of milk are taken for various reasons. The tests to which the samples are subjected are of two kinds—chemical and bacteriological.

The former tests are carried out by the public analyst 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. In the case of Channel Islands milk the fat content must be at least 4 per cent. The standards are low and most milks to-day have a much higher fat content. Thus, as will be seen in Table X, the average percentage of milk-fat in unadulterated samples of Channel Islands milk taken during 1965 was 4.5 and of other milk 3.9.

TABLE X—MONTHLY AVERAGE FAT CONTENT OF UNADULTERATED
SAMPLES OF MILK, 1965

	Channel Islands Milk		Other Milk		All Milk	
	No. of samples	Milk fat %	No. of samples	Milk fat %	No. of samples	Milk fat %
January ..	8	4·6	27	4·1	35	4·2
February ..	7	4·5	29	3·8	36	4·0
March ..	9	4·4	30	3·8	39	4·0
April ..	8	4·4	22	3·7	30	3·9
May	4	4·2	21	3·8	25	3·9
June	7	4·3	28	3·6	35	3·8
July	6	4·2	22	3·7	28	3·8
August ..	6	4·3	19	3·6	25	3·8
September ..	7	4·5	26	4·0	33	4·1
October ..	8	4·8	23	3·9	31	4·1
November ..	10	4·8	22	4·3	32	4·5
December ..	3	4·5	25	4·2	28	4·3
TOTALS ..	83	4·5	294	3·9	377	4·0

Altogether 380 samples of milk were submitted for analysis and of these three were deficient in milk-fat. In two cases, further samples were taken and were satisfactory. In the third case, a warning letter was sent to the producer.

The bacteriological examination of milk is undertaken by the Public Health Laboratory Service. In the case of pasteurised milk, tests are carried out to determine the keeping quality and the efficiency of pasteurisation. During the year, 28 samples were taken at the only pasteurising plant in the County area. They were all satisfactory. A close watch was kept on milk supplied to children attending maintained schools in the County area. Of 260 samples taken, only two were unsatisfactory. In addition 197 samples of milk were taken from retailers (including vans and vending machines)

and of these 20 were unsatisfactory. In all cases where unsatisfactory results were obtained, further samples were taken and these were satisfactory.

Close watch is kept on untreated milk for the presence of brucella abortus. This organism is responsible for contagious abortion in cattle and for brucellosis, or undulant fever, in humans. Whenever a sample from the herd of a producer-retailer is found to contain brucella further samples are taken from each animal in the herd in order to isolate those infected. The farmer is then informed so that he can seek veterinary advice. He is also told that milk from the infected animals cannot be sold unless it has first been pasteurised. This embargo remains in force until the animals are free from infection. Altogether 759 samples of untreated milk were examined for brucella abortus in 1965, and it was found on 64 occasions. However, in all but three cases the milk was at the dairy awaiting pasteurisation.

It is important that every precaution shall be taken to avoid the re-appearance of tuberculosis in cattle and the veterinary officers of the Ministry of Agriculture, Fisheries and Food undertake periodical inspections. In addition, 150 of the samples of untreated milk already mentioned were tested for tuberculosis by guinea pig inoculation. They were all free from infection.

Just over one thousand of all the milk samples, pasteurised and untreated, that were sent to the Public Health Laboratory were examined for the presence of antibiotics. On only one occasion was a positive result obtained.

ICE-CREAM

The manufacture and sale of ice-cream are controlled by the Food Standards (Ice-cream) Regulations, 1959 and the Labelling of Food (Amendment) Regulations, 1959. During the year, 22 samples of ice-cream were submitted to the public analyst and were found to comply with both sets of Regulations. The fat content of the samples ranged from 6.5 per cent to 16.9 per cent, with an average of 10.7 per cent.

To ensure that ice-cream is bacteriologically satisfactory, the district councils have samples taken and submitted to the Public Health Laboratory Service.

FOOD AND DRUGS

There were 19 formal and 384 informal samples of food and drugs, other than milk and ice-cream, taken and analysed during the year. In 13 instances an irregularity was disclosed, details of which are given in Table J of the Appendix. On no occasion was it necessary to take legal proceedings.

In addition to routine sampling, complaints by members of the public were investigated and 18 articles were submitted for analysis. Ten of these were bottles of milk which were found to contain broken glass, dirt or other foreign matter. Seven successful prosecutions ensued and warnings were given in two cases. The remaining offence was reported to Luton C.B. in whose area the bottling plant was situated. The other articles were bread (four), crunchie bar, toffee apple, tin of gravy powder and buns. One baker was prosecuted and fined. In the other cases, cautions were issued.

MERCHANDISE MARKS

During the year, 282 formal visits were made to shops, stalls and vans. In 59 cases failure to mark imported goods as required by the various Orders made under the Merchandise Marks Act, 1926, was disclosed. On each occasion a verbal warning was given.

WASTE FOODS

Waste foods may, if not boiled for at least one hour, spread foot and mouth and other diseases. The Diseases of Animals (Waste Foods) Order, 1957 requires substantial collectors of waste food to be licensed and use an approved boiling plant. The licensing authorities in the administrative County are the Bedford Borough Council and the County Council for the remainder of the County. The Sampling Officer has 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 the 31st December, 1965 was 31. All the premises were inspected during the year.

BLIND PERSONS

Under the National Assistance Act, 1948, the Welfare Committee of the County Council is responsible for the welfare of blind persons in the County, but in Bedford the responsibility has been delegated to the Borough Council.

Before a person is admitted to the Blind Persons Register he is examined by an ophthalmic specialist who completes a form B.D.8. Forms B.D.8 in respect of 45 blind persons who were registered in the County area in 1965 have been examined and details are given in Table K (Appendix). Of the seven persons for whom operation was recommended, one has been successfully treated, one is waiting, two are undecided, two are unfit, and one refuses operation. At the end of the year, the number of blind persons in the County area was 406, comprising 155 men, 239 women, and 12 children.

Eight infants were notified as suffering from *Ophthalmia Neonatorum* during the year. One child left the area soon after birth. All the others made a complete recovery.

STAFF MEDICAL EXAMINATIONS

In addition to duties in connection with maternity and child welfare and the school health service, the medical officers are called upon to carry out medical examinations of successful applicants for posts with the County Council, including the Police. Examinations are also undertaken when required to determine whether an individual is fit to carry on his normal duties. Altogether 291 persons were examined in 1965. In many cases, an examination is not required if the candidate can furnish a satisfactory statement of health. These statements, of which there were 405 in 1965, are scrutinised by a medical officer. In one case during the year, the applicant was required to undergo a medical examination.

NURSING HOMES

The County Council are the responsible authority for the registration and supervision of nursing homes, but their powers and duties in respect of premises in Bedford are delegated to the Borough Council. One new home was registered during the year and another was transferred to the County register when Linslade came into the County. One home closed during the year, so that there were five registered at the 31st December.

NURSES AGENCIES

There is only one Agency in the County and it is licensed and supervised by the County Council under the Nurses Agencies Act, 1957.

SWIMMING BATHS

During the year, many more schools acquired learner pools so that in the County area at the end of the year 47 schools had facilities for swimming instruction. In addition, there is a swimming bath at the Council's residential special school at St. Margaret's, Great Gaddesden, Hertfordshire. Visits were paid to the schools by the Sampling Officer and 204 samples of water were taken to ensure that conditions were satisfactory.

THE CIVIL DEFENCE AMBULANCE AND FIRST-AID SECTION

The Civil Defence Ambulance and First-aid Section has as its Head the County Medical Officer and he is responsible for its organisation and for the training of volunteers.

In order to provide the necessary training certain members of the County Ambulance Service have undertaken an Instructors' Course and become qualified to train volunteers in accordance with the syllabus laid down by the Home Office. The Chief Ambulance Officer 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. Valuable assistance and co-operation from the staff of the Civil Defence Headquarters at Kempston Manor, and from the delegated areas of Bedford, Dunstable, Luton Rural, Leighton Buzzard and Biggleswade, continues and this is much appreciated.

During 1965 instruction in First Aid continued to be given in various parts of the County and in addition, facilities were provided for ambulance driving practice. Members of the Section took part in a number of Civil Defence Exercises during the year.

TRAINING IN EMERGENCY HOME CARE

Under the Civil Defence (Training in Nursing) Regulations, 1963 local health authorities have the function of training persons in home nursing and first aid. Those who enrol are not in any sense being recruited for Civil Defence or for any other purpose and they do not incur any obligations. The organisation of the scheme is in the hands of the Chief Ambulance Officer.

Six courses were provided in 1965, three for local organisations and three for the general public. The number of persons who completed the courses was 105.

EARLY DISCHARGE FROM HOSPITAL OF SELECTED SURGICAL CASES

By WINNIE FROST, *Chief Nursing Officer.*

In common with many other parts of the country there is a shortage of hospital beds for old people and for maternity cases. In addition, however, there has been a lack of accommodation for patients in need of *cold surgery*, that is, operations which are necessary but need not be performed immediately. An important example of cases in this group are most types of hernia. Patients with these conditions frequently have to wait a considerable time before a bed becomes available if they are to have the repair carried out in hospital. Should a patient so desire, it has always been possible to have such treatment carried out at one of the London hospitals but this is not always convenient to the patient or his family, especially for those who live in the rural districts who would find the additional travelling to visit a considerable deterrent. In order to meet the difficulties an experimental scheme was introduced in May, 1965.

In conjunction with Mr. Ronald Peatfield, Consultant Surgeon to Bedford Hospital, a scheme was devised whereby hernia patients were discharged from hospital usually at 48 hours. Thereafter they were nursed at home by the Local Health Authority nurses who were well qualified and well equipped by training and experience to do this type of work. In all cases the family doctor visited at an early stage and was kept fully in the picture.

Method

Details of the scheme were worked out by the Consultant Surgeon and the Chief Nursing Officer and the following procedure was put into operation : —

- (a) A letter was sent to all district nurses in the area explaining the scheme and stating its aims and objects.
- (b) A suitable form was completed and this was used to assess the sociological suitability of each case for discharge home or to convalescence. This took into account general sanitary conditions of the home, the adequacy of domestic help, the presence of numerous young children or aged relations, and the possibility of the housewife being fully employed away from home.
- (c) A letter specifying treatment ordered by the Surgeon was sent direct to the district nurse and the district nurse was made responsible for notifying the general practitioner immediately of the patient's discharge. In addition, the general practitioner received the usual hospital discharge note but as these are on occasions subject to delay it was

felt that the nurse should notify the general practitioner immediately she had visited with the relevant information from the hospital.

- (d) The Surgeon arranged for two beds to be reserved in the Male Ward for hernia patients. Regular operations were carried out twice weekly and should there be any difficulty with transport at the end of the stay in hospital this was provided by the Ambulance Service.
- (e) The district nurse visits the patient soon after he arrives home and as necessary thereafter. She removes the sutures on the appropriate day and in all other ways carries out the instruction of the Surgeon and the family doctor.

Results

The following table gives a breakdown of the action taken during the year 1st June, 1965 to 31st May, 1966 :—

Total number of homes assessed	...	...	...	115
Number suitable for early discharge to—				
(a) own home	...	...	...	88
(b) convalescence	...	...	...	12
Number actually nursed at home	...	...	...	77
Number retained in hospital over 48 hours	...	...	...	2

It will be seen that of 115 patients assessed 76.5 per cent were found to be suitable in all respects for home discharge. Of the 88 cases considered to be suitable, 77 were discharged home in 48 hours during the period under review. Two patients were retained in hospital, one with a chest infection and the other with a haematoma. In no case did a patient require to be re-admitted and no case of local or general infection arose. All but six of the 115 patients considered were men as was initially intended. Undoubtedly the inclusion of females is not as easy from the home nursing point of view.

The scheme has been entirely successful and patients have received earlier treatment in greater numbers than could have been achieved otherwise. The most dramatic effect has been the improvement of the waiting list position. At the outset the waiting list for hernia operations was 80 and within four months of the commencement it was reduced to virtually nil.

Discussion

The effect of the procedure is most interesting. Undoubtedly patients prefer to convalesce at home. They are saved travelling time in attending at hospitals and those in the rural part of the area do not have the problems of arranging for relatives and friends to visit.

Only district nurses who are state registered are permitted to deal with this type of patient and it might be claimed that they are better qualified to do so than those in the hospital services who are outnumbered by student nurses. Throughout the past few years there has been a tendency for the work of district nurses to become heavier with the emphasis increasingly on the care of the elderly and chronic sick. Hernia patients add a much needed variety to the work of the district nurse whose special training and aptitudes fit her for nursing patients in their own homes. Nurses are equipped for both curative and preventative medicine and these added responsibilities give them an insight into the social implications of illness. In short, the nursing staff enjoy having early surgery to care for and would be very happy for a similar scheme to be extended to other uncomplicated surgical cases. Experience so far indicates that patients who have partaken in the scheme have progressed well. As far as the hospitals are concerned there has been a rapid turnover of beds and dramatic shortening of the waiting list. It would be interesting to know the effect of the cost to the hospital service. Early treatment is likely to result in a shortening of the time the patient is unable to follow his normal employment.

In conclusion it has been suggested that such schemes were expedients to cover shortages rather than desirable in themselves (Aldridge, 1965). Experience in Bedford has indicated that this is not necessarily so and that both the patient and the hospital service benefit from early discharge.

REFERENCE :

Aldridge, L. W. (1965). *Brit. Med. Journal*, 1,183.

APPENDIX

STATISTICAL TABLES

TABLE A—NUMBER OF BIRTHS, INFANT DEATHS AND STILLBIRTHS REGISTERED DURING 1965 (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:													
Amphthill ..	108	6	114	25.8	25.0	1	—	1	8.8	1	2	3	25.6
Bedford M.B. ..	1,394	172	1,566	23.3	21.4	32	7	32	20.4	16	—	16	10.1
Biggleswade ..	135	5	140	16.4	17.0	2	—	2	14.3	2	—	2	14.1
Dunstable M.B. ..	655	30	685	24.3	20.9	9	2	9	13.1	9	1	10	14.4
Kempston ..	236	8	244	23.0	23.9	3	—	3	12.3	2	—	2	8.1
Leighton—Linslade ..	413	22	435	24.6	22.4	9	4	9	20.7	5	—	5	11.4
Sandy ..	79	6	85	19.6	20.4	2	—	2	23.5	2	—	2	23.0
TOTALS ..	3,020	249	3,269	23.2	21.6	58	13	58	17.7	37	3	40	12.1
RURAL:													
Amphthill ..	634	32	666	22.6	23.3	10	1	10	15.0	5	—	5	7.5
Bedford ..	635	22	657	18.8	18.3	16	—	16	24.4	9	—	9	13.5
Biggleswade ..	653	21	674	21.7	22.6	13	2	13	19.3	10	2	12	17.5
Luton ..	738	39	777	22.6	18.8	14	2	14	18.0	13	1	14	17.7
TOTALS ..	2,660	114	2,774	21.4	20.5	53	5	53	19.1	37	3	40	14.2
GRAND TOTALS ..	5,680	363	6,043	22.3	21.0	111	18	111	18.4	74	6	80	13.1

TABLE B—CAUSES OF DEATH IN EACH COUNTY DISTRICT, 1965

CAUSE OF DEATH	Administrative County	URBAN DISTRICTS							RURAL DISTRICTS					
		Amphill	Bedford	Biggleswade	Dunstable	Kempston	Leighton-Linslade	Sandy	TOTAL	Amphill	Bedford	Biggleswade	Luton	TOTAL
1. Tuberculosis, Respiratory	5	—	3	—	—	1	—	—	4	1	—	—	—	1
2. Tuberculosis, Other	5	—	1	—	—	1	1	—	3	—	1	—	—	2
3. Syphilitic Disease	2	—	1	—	—	—	—	1	2	—	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	1	—	—	1	—	—	—	—	1	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	1	—	1	—	—	—	—	—	1	—	—	—	—	—
9. Other Infective and Parasitic Diseases	2	—	—	—	—	—	—	—	—	1	—	1	—	2
Malignant Neoplasm—														
10. Stomach	63	2	15	4	6	2	6	—	35	7	8	9	4	28
11. Lung, Bronchus	111	1	27	5	14	4	7	3	61	13	8	17	12	50
12. Breast	52	2	12	3	5	2	7	2	33	3	9	6	1	19
13. Uterus	20	—	4	1	1	1	1	—	8	3	3	1	5	12
14. Other Malignant and Lymphatic Neoplasms	228	5	62	3	23	11	14	4	122	16	33	32	25	106
15. Leukaemia, Aleukaemia	16	1	3	1	5	1	—	—	11	—	1	2	2	5
16. Diabetes	23	—	4	2	6	1	3	—	16	2	2	2	1	7
17. Vascular Lesions of Nervous System	479	18	113	20	29	25	45	6	256	67	73	53	30	223
18. Coronary Disease, Angina	529	12	122	28	47	27	34	10	280	60	64	70	55	249
19. Hypertension with Heart Disease ..	40	—	7	2	4	3	5	1	22	2	10	3	3	18
20. Other Heart Disease	229	5	42	9	20	9	13	2	100	35	25	47	22	129
21. Other Circulatory Disease	69	2	23	3	7	1	5	2	43	5	9	7	5	26
22. Influenza	5	—	1	2	—	1	1	—	5	—	—	—	—	—
23. Pneumonia	120	6	30	6	5	5	8	1	61	14	12	23	10	59
24. Bronchitis	140	3	39	6	11	6	9	1	75	11	12	21	21	65
25. Other Diseases of Respiratory System	14	—	4	1	—	2	1	—	8	1	2	1	2	6
26. Ulcer of Stomach and Duodenum ..	19	1	3	1	1	1	1	—	8	2	3	3	3	11
27. Gastritis, Enteritis and Diarrhoea ..	15	—	4	2	1	1	2	—	10	—	1	1	3	5
28. Nephritis and Nephrosis	9	—	1	—	1	1	—	—	3	1	—	4	1	6
29. Hyperplasia of Prostate	13	—	3	1	2	—	—	—	6	2	2	2	1	7
30. Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital Malformations	41	—	10	—	4	2	5	—	21	4	3	6	7	20
32. Other Defined and Ill-defined Diseases	258	10	59	1	20	15	18	5	128	19	36	54	21	130
33. Motor Vehicle Accidents	50	—	12	1	2	—	5	2	22	4	10	7	7	28
34. All Other Accidents	55	—	17	1	3	5	2	1	29	4	10	11	1	26
35. Suicide	11	—	3	—	1	1	2	—	7	—	—	1	3	4
36. Homicide and Operations of War ..	5	—	4	—	—	—	1	—	5	—	—	—	—	—
TOTALS: ALL CAUSES	2,630	68	630	104	218	129	196	41	1,386	277	337	385	245	1,244

TABLE C—CAUSES OF DEATH IN URBAN AND RURAL AREAS, 1965, DIVIDED ACCORDING TO SEX AND AGE

		URBAN DISTRICTS																	RURAL DISTRICTS																	
CAUSE OF DEATH	MALES									FEMALES									MALES									FEMALES								
	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total
1. Tuberculosis, Respiratory ..	—	—	—	—	—	—	—	2	2	—	—	—	—	—	1	1	—	—	2	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1
2. Tuberculosis, Other ..	—	—	—	—	1	—	—	—	1	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3. Syphilitic Disease ..	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. Meningococcal Infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. Measles ..	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Other Infective and Parasitic Diseases ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10. Malignant Neoplasm—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Stomach ..	—	—	—	—	2	5	3	11	21	—	—	—	—	—	—	2	3	9	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11. Lung, Bronchus ..	—	—	—	—	1	30	16	5	52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12. Breast ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13. Uterus ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14. Other Malignant and Lymphatic Neoplasms ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15. Leukaemia, Aleukaemia ..	—	1	2	1	6	21	19	19	69	—	—	—	—	—	4	18	14	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
16. Diabetes ..	—	—	—	—	1	2	3	1	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17. Vascular Lesions of Nervous System ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
18. Coronary Disease, Angina ..	—	—	—	—	1	13	22	60	96	—	—	—	—	—	12	32	116	160	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
19. Hypertension with Heart Disease ..	—	—	—	—	5	57	53	56	171	—	—	—	—	—	13	33	63	109	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
20. Other Heart Disease ..	—	—	—	—	1	1	2	4	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
21. Other Circulatory Disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
22. Influenza ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
23. Pneumonia ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
24. Bronchitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
25. Other Diseases of Respiratory System ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
26. Ulcer of Stomach and Duodenum ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
27. Gastritis, Enteritis and Diarrhoea ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
28. Nephritis and Nephrosis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
29. Hyperplasia of Prostate ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30. Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
31. Congenital Malformations ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
32. Other Defined and Ill-defined Diseases ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
33. Motor Vehicle Accidents ..	17	3	1	1	6	10	9	14	61	9	—	—	1	4	17	7	25	67	21	2	1	2	4	7	11	17	65	7	—	—	—	—	—	—	—	
34. All Other Accidents ..	2	1	—	—	2	4	1	1	13	1	2	—	—	—	3	—	2	8	16	3	—	—	—	—	—	—	18	1	—	—	—	—	—	—	—	
35. Suicide ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
36. Homicide and Operations of War ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS: ALL CAUSES ..	35	9	7	9	39	180	180	239	698	23	6	3	5	25	101	144	381	688	31	5	4	7	20	161	161	258	647	22	3	3	4	20	81	138	326	597

TABLE D—NUMBER OF PREMATURE BIRTHS NOTIFIED IN THE COUNTY DURING 1965, SHOWING WHERE BORN AND NURSED, AND SUBDIVIDED ACCORDING TO WEIGHT AND PERIOD OF SURVIVAL

	BORN AT HOME OR IN PRIVATE NURSING HOME												Grand Total	
	Total	Nursed entirely at Home or in Nursing Home						Transferred to Hospital						
		2 lb. 3 oz. or less	Over 2 lb. 3 oz. to 3 lb. 4 oz.	Over 3 lb. 4 oz. to 4 lb. 6 oz.	Over 4 lb. 6 oz. to 5 lb. 8 oz.	Over 5 lb. 8 oz. to 6 lb. 15 oz.	TOTAL	2 lb. 3 oz. or less	Over 2 lb. 3 oz. to 3 lb. 4 oz.	Over 3 lb. 4 oz. to 4 lb. 6 oz.	Over 4 lb. 6 oz. to 5 lb. 8 oz.	TOTAL		
Died in first 24 hours ..	—	—	—	—	—	—	—	—	—	—	—	—	19	
Died 2nd - 6th day ..	1	—	—	—	—	—	1	—	—	—	—	1	11	
Died 7th - 27th day ..	—	—	—	—	—	—	—	—	—	—	—	—	—	
Survived 28 days ..	42	1	—	6	26	33	—	1	1	5	2	9	296	
TOTALS ..	43	1	—	6	26	33	1	1	1	5	2	10	326	

TABLE E—ATTENDANCES AND SESSIONS AT CHILD WELFARE CENTRES,
1965

Centre	Type of Premises	No. of children who attended during year born in			No of Sessions held by			No. of children referred elsewhere
		1965	1964	1960-63	Medical Officers	Health Visitors	Others	
Ampthill	R	98	124	159	24	27	—	8
Arlesey	R	85	88	47	25	25	—	3
Aspley Guise ..	R	34	37	31	25	—	—	1
Barton	R	152	191	24	69	6	—	10
Bedford—								
Barford Avenue..	P	134	125	112	33	48	19	33
Brickhill	P	176	223	75	—	35	49	1
Goldington ..	R	56	74	63	—	25	27	10
Harewood Road	R	49	71	50	—	26	26	8
Putnoe	P	255	233	183	—	51	48	15
Queen's Park ..	R	90	93	59	—	25	27	—
Union Street ..	P	367	318	164	33	—	70	11
Biggleswade ..	A	159	158	132	45	14	—	5
Blunham (1) ..	R	7	11	18	13	—	—	—
Bromham	R	73	78	80	48	—	—	—
Caddington ..	R	103	95	82	22	26	—	13
Cardington ..	R	95	98	58	12	12	—	3
Clapham	A	128	78	85	52	—	—	—
Clophill	R	25	15	32	13	—	—	2
Cranfield	R	43	66	78	13	13	—	—
Cranfield College	R	14	24	36	—	13	—	—
Dunstable	P	495	440	445	87	65	—	—
Dunstable								
Downside (2)	R	97	127	79	13	36	—	—
Eaton Bray ..	R	39	60	80	26	1	—	6
Flitwick	R	140	170	74	31	28	—	2
Harlington	R	69	44	53	22	12	—	7
Harrold	R	24	21	26	—	13	—	—
Haynes	R	11	33	48	13	13	—	—
Heath and Reach ..	R	23	22	56	13	13	—	1
Henlow, R.A.F. ..	R	79	83	21	16	10	—	2
Henlow Village ..	R	24	19	26	13	13	—	—
Houghton Conquest	R	18	25	65	13	13	—	—
Houghton Regis ..	P	214	166	117	75	27	—	1
Ickwell	R	13	24	42	13	—	—	—
Kempston	R	227	50	212	76	26	—	—
Kensworth	R	16	34	40	13	13	—	—
Keysoe (3)	R	7	3	1	6	—	—	1
Langford	R	48	45	25	13	14	—	—
Leighton Buzzard ..	P	210	298	150	73	80	—	4
Leighton Buzzard								
Brooklands (4)	R	137	66	51	24	25	—	6
Lidlington	R	29	26	18	12	—	—	—
Linslade (5) ..	R	86	70	45	19	6	—	1
<i>Carried forward</i>		4,149	4,026	3,242	998	754	266	154

Centre	Type of Premises	No. of children who attended during year born in			No. of Sessions held by			No. of children referred elsewhere
		1965	1964	1960-63	Medical Officers	Health Visitors	Others	
<i>Brought forward</i>		4,149	4,026	3,242	998	754	266	154
Marston Moretaine	R	21	16	23	14	14	—	1
Marston Shelton ..	R	19	18	26	13	13	—	4
Maulden	R	68	73	66	14	12	—	—
Potton	R	80	70	67	25	—	—	—
Ravensden ..	R	15	39	14	12	—	—	—
Ridgmont	R	15	13	18	13	—	—	—
Riseley	R	17	35	71	12	—	—	—
Sandy	P	85	62	32	25	—	—	3
Sharnbrook ..	R	39	24	23	13	—	—	—
Shefford	R	122	103	69	27	25	—	7
Shillington ..	R	48	43	52	13	13	—	3
Slip End	R	35	43	27	25	1	—	6
Stevington ..	R	7	10	2	13	—	—	—
Stewartby	R	18	17	33	12	12	—	—
Stotfold	R	78	87	89	24	24	—	—
Studham	R	24	24	36	11	15	—	—
Tempsford (6) ..	R	8	13	17	12	1	—	—
Thurleigh	R	12	42	50	17	—	—	1
Tilsworth (7) ..	R	19	14	20	9	10	—	—
Toddington ..	R	104	44	125	48	—	—	5
Turvey	R	9	10	13	13	—	—	—
Westoning	R	24	27	34	12	13	—	—
Wilstead	R	10	22	—	13	—	—	—
Woburn	R	23	11	30	13	13	—	—
Wootton	R	48	76	24	13	12	—	—
Wymington ..	R	12	10	18	12	—	—	—
TOTALS ..		5,109	4,972	4,221	1,426	932	266	184

NOTE: Type of premises P—purpose-built.

A—adapted.

R—occupied on sessional basis.

(1) Closed 31.12.65.

(2) Opened 6.1.65.

(3) Opened 28.4.65.

(4) Opened 10.2.65.

(5) Transferred from Bucks. C.C. 1.4.65. Figures relate to full year.

(6) Closed 31.12.65.

(7) Opened 1.10.65.

TABLE F—TREATMENT OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE PROVIDED
AT DENTAL CLINICS DURING 1965

	Exam- ined	Treat- ment com- menced during year	Courses of Treat- ment com- pleted during year	Extrac- tions (teeth)	General Anaes- thetics	Fill- ings	Scalings and gum treat- ment	Silver nitrate treat- ment	Crowns or Inlays provid- ed	Radio- graphs	Dentures provided	
											Com- plete	Partial
BEDFORD— Expectant and nursing mothers ... Children under 5 ...	4 79	12 67	1 42	23 151	3 43	1 20	— 4	— 9	— —	— —	1 —	1 —
BIGGLESWADE— Expectant and nursing mothers ... Children under 5 ...	— 14	— 10	— 10	— 3	— 1	— 16	— 2	— 3	— —	— —	— —	— —
DUNSTABLE— Expectant and nursing mothers ... Children under 5 ...	22 193	21 196	30 76	71 83	20 37	71 205	38 43	— 23	— —	7 —	9 —	4 —
HOUGHTON REGIS*— Expectant and nursing mothers ... Children under 5 ...	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
LEIGHTON BUZZARD— Expectant and nursing mothers ... Children under 5 ...	24 76	23 75	24 75	50 65	21 34	21 55	54 48	— 16	— —	3 —	4 —	4 —
TOTALS— Expectant and nursing mothers ... Children under 5 ...	50 363	56 348	55 203	144 302	44 115	93 296	92 97	— 51	— —	10 —	14 —	9 —

* Opened 1.12.65.

TABLE G—SEX-AGE DISTRIBUTION OF MENTALLY SUBNORMAL PERSONS ATTENDING TRAINING CENTRES AT 31ST DECEMBER, 1965, TOGETHER WITH NUMBERS WAITING FOR PLACES

	Under 16		16+		All ages		
	M.	F.	M.	F.	M.	F.	T.
KEMPSTON JUNIOR TRAINING CENTRE, AUSTIN CANONS							
From Bedford Borough ..	8	4	6	6	14	10	24
„ County area ..	12	4	9	9	21	13	34
	20	8	15	15	35	23	58
DUNSTABLE JUNIOR TRAINING CENTRE, RIDGEWAY AVE.							
From Luton County Borough ..	11	9	1	17	12	26	38
„ County area ..	7	7	2	6	9	13	22
	18	16	3	23	21	39	60
MEN'S TRAINING WORKSHOP, KIRBY ROAD, DUNSTABLE							
From Luton County Borough ..	1	—	18	—	19	—	19
„ County area ..	1	—	9	—	10	—	10
	2	—	27	—	29	—	29
Total attending in County ..	40	24	45	38	85	62	147
Other Centres outside	1	1	2	—	3	1	4
ON WAITING LIST							
Bedford Borough ..	3	1	5	7	8	8	16
Rest of North Beds. ..	5	3	16	15	21	18	39
Luton County Borough ..	7	4	10	12	17	16	33
Rest of South Beds. ..	4	4	9	13	13	15	28
Total waiting ..	19	12	40	45	59	57	116

TABLE H—NUMBER OF CHILDREN WHO RECEIVED PRIMARY PROTECTION AGAINST DIPHTHERIA, TETANUS, WHOOPING COUGH AND POLIO-MYELITIS DURING 1965.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
1. Quadruple DTPP ..	70	164	5	1	1	1	242
2. Triple DTP	1,770	2,466	232	98	133	6	4,705
3. Diphtheria/Pertussis	1	3	—	—	1	1	6
4. Diphtheria/Tetanus	2	13	10	18	261	93	397
5. Diphtheria	2	3	1	1	55	19	81
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	4	7	11
8. Salk	—	1	—	—	1	—	2
9. Sabin	1,010	3,282	474	217	404	141	5,528
10. Lines 1+2+3+4+5 (Diphtheria)	1,845	2,649	248	115	451	120	5,431
11. Lines 1+2+3+6 (whooping cough)	1,841	2,633	237	99	135	8	4,053
12. Lines 1+2+4+7 (Tetanus)	1,842	2,643	247	117	399	107	5,355
13. Lines 1+8+9 (Polio)	1,080	3,447	479	218	406	142	5,772

TABLE I—NUMBER OF CHILDREN WHO RECEIVED REINFORCING DOSES DURING 1965.

	Year of birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
1. Quadruple DTPP ..	1	28	69	2	3	—	103
2. Triple DTP	24	160	308	57	317	46	912
3. Diphtheria/Pertussis	—	—	—	—	4	1	5
4. Diphtheria/Tetanus	—	6	15	14	1,576	371	1,982
5. Diphtheria	1	8	7	5	1,329	1,039	2,389
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	2	—	1	9	18	30
8. Salk	—	—	—	2	3	2	7
9. Sabin	2	79	64	44	3,399	328	3,916
10. Lines 1+2+3+4+5 (Diphtheria)	26	202	399	78	3,229	1,457	5,391
11. Lines 1+2+3+6 (whooping cough)	25	188	377	59	324	47	1,020
12. Lines 1+2+4+7 (Tetanus)	25	196	392	74	1,905	435	3,027
13. Lines 1+8+9 (Polio)	3	107	133	48	3,405	330	4,026

TABLE J—DETAILS OF UNSATISFACTORY SAMPLES OF FOOD, WITH ACTION TAKEN, 1965

Article	Sample No.	Nature of adulteration or irregularity	Action taken
Seidlitz Powder	4367 (informal)	Incorrect description on label.	No further action as sale of product discontinued
Ammoniated Tincture of Quinine	4368 (informal)	Deficient in ammonia 5.8 per cent	Trader cautioned
Tincture of Iodine	4369 (informal)	Excess iodine and potassium iodide	Further sample taken which was satisfactory
Cream of Tartar	4187 (informal)	Designation "B.P." should not have been used	Letter to packers who agreed to amend label
Fruit Salad in Heavy Syrup	4196 (informal) 4909	Ingredients listed in wrong order	Letter to importers. Cautioned after agreeing to amend label
Fruit Cocktail in Syrup	1011 (informal) 1022	Ingredients listed in wrong order. Not in compliance with Code of Practice for Trade	Canners cautioned after producing amended label which complies with Code
"Milk Tops"	1104 (informal)	Milk-fat 18.06 per cent. Should contain not less than 23 per cent	No action as Ministry of Food propose to lower standard to 18 per cent
"Dairy Topping"	1118 (informal)	Milk-fat 18.32 per cent. Should contain not less than 23 per cent	No action as Ministry of Food propose to lower standard to 18 per cent
Castor Oil	1135 (informal)	Contained 0.15 per cent extraneous water	Formal sample taken which was satisfactory
Chocolate Liqueurs	1028 (informal)	Filling was not entirely full strength rum as stated on box	Correspondence in progress with manufacturers
Cream Horns	1033 (informal)	Contained imitation cream	No further action as disclaimer notice to this effect had been removed during re-decoration

TABLE K—CAUSES OF BLINDNESS IN CERTAIN PERSONS REGISTERED IN THE COUNTY
AREA, 1965, AND TREATMENT RECOMMENDED

	Cause of Disability						Total
	Cataract	Glaucoma	Retrolental Fibroplasia	Diabetes	Senile Macular Degen.	Other	
No. of cases in which no treatment recommended	6	2	—	3	8	12	31
No. of cases in which treatment recommended:							
(i) Medical	1	—	—	3	—	—	4
(ii) Surgical	5	—	—	—	—	2	7
(iii) Optical	1	—	—	—	—	2	3
No. of cases who received treatment:							
(i) Medical	1	—	—	3	—	—	4
(ii) Surgical	1	—	—	—	—	—	1
(iii) Optical	1	—	—	—	—	2	3

Table 1. Abundance of *Chironomus tentaculatus* in the Great Lakes, 1950-1955.

Area	1950	1951	1952	1953	1954	1955	Total
Upper Michigan	100	100	100	100	100	100	600
Lower Michigan	100	100	100	100	100	100	600
Wisconsin	100	100	100	100	100	100	600
Illinois	100	100	100	100	100	100	600
Indiana	100	100	100	100	100	100	600
Ohio	100	100	100	100	100	100	600
Michigan	100	100	100	100	100	100	600
Ontario	100	100	100	100	100	100	600
Quebec	100	100	100	100	100	100	600
Atlantic	100	100	100	100	100	100	600
Canada	100	100	100	100	100	100	600
USA	100	100	100	100	100	100	600
World	100	100	100	100	100	100	600