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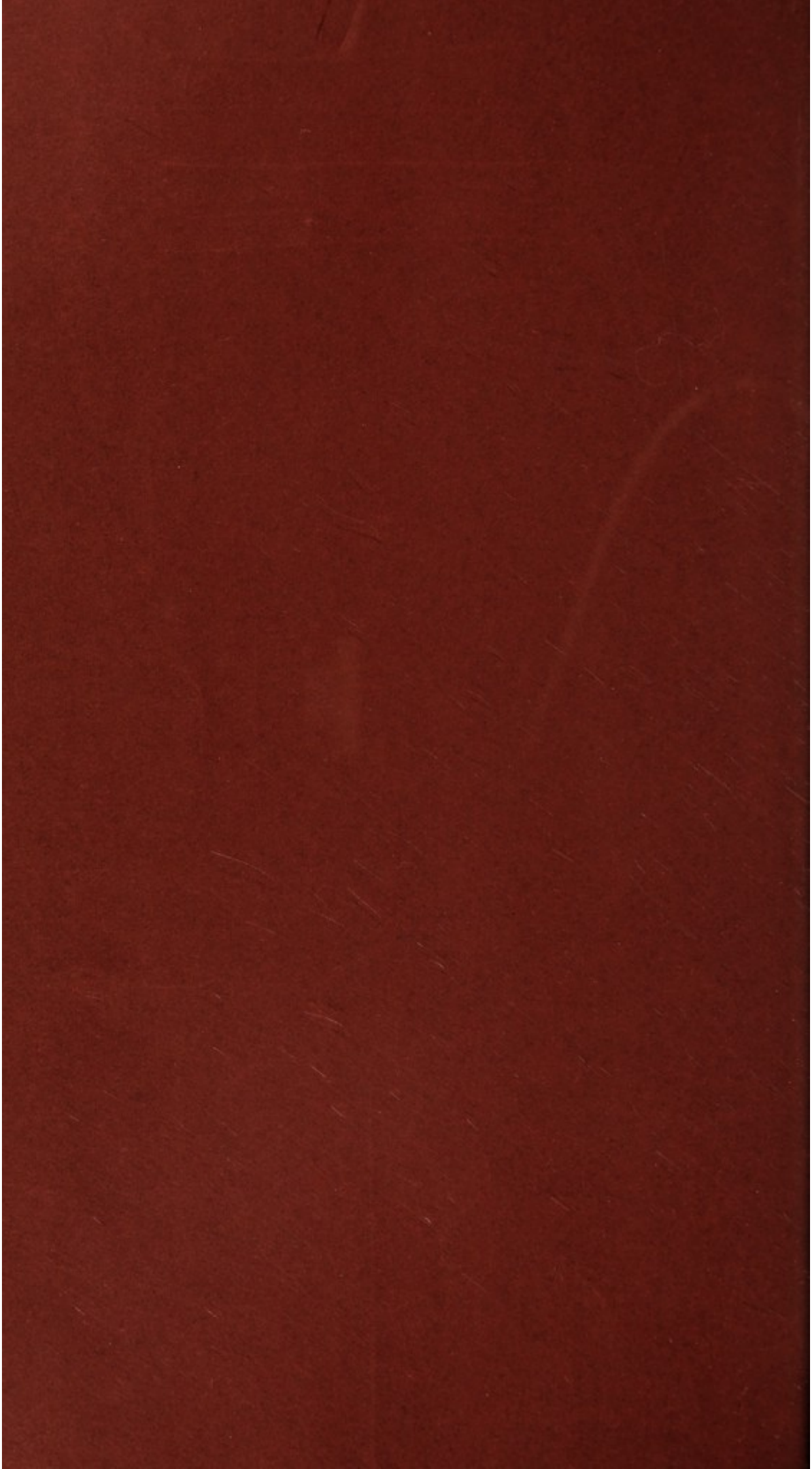
THE HEALTH OF BEDFORDSHIRE

Annual Report of the County Medical Officer of Health

1966



CONTENTS

To the Chairman and Members of the Bedfordshire County Council

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present this Report on the Health Services for the year 1966.

Considerable changes have occurred in the medical staff. Dr. H. S. Bury, after 13 years in Bedfordshire, five of which he served as Deputy County Medical Officer, left to take up an appointment as District Medical Officer of Health in Shropshire. Dr. A. R. Darlow, formerly a District Medical Officer and Medical Officer of Health for five of the District Councils, emigrated to Australia. The vast experience of both these senior doctors was a considerable loss to the Department and I am grateful to them for all they did and wish them well in the future. Dr. E. Ellice Henderson, formerly Deputy Medical Officer of Health for the Borough of Bedford, joined the Department as Deputy County Medical Officer and during the year an Assistant County Medical Officer was sponsored for the Diploma in Public Health Course, this being the first occasion in which the County Council's scheme of releasing staff for training was applied to the medical profession. The position with regard to clinical medical officers was maintained only by the employment of married women on a part-time basis and an increase in sessional work by general practitioners.

Dr. C. L. Sharp, Medical Officer of Health for the Borough of Bedford became seriously ill during the year and his death was a considerable loss to the Public Health Service in the County. He served for a time as a District Medical Officer and later the delegated services, for which he was responsible in the Borough, were carried out with enthusiasm. His wide interest in pre-symptomatic diagnosis of disease and the field trials carried out in Bedford were of national significance in medical research.

The vital statistics compare favourably with those of England and Wales and the number of stillbirths, infant mortality rate, perinatal mortality rate all show a reduction when compared with the previous year. Details appear later on in this Report but the figures have now become so low that they are extremely sensitive to small fluctuations from year to year. The death rate also remains lower than that for the Country as a whole.

It may well be that the main event of the year was the introduction of the Nursing Auxiliary Service in the County. Considerable publicity was given to the Service both in the professonal and lay press. The intention was to create a new type of worker who would not only relieve the District Nurse of duties for which her higher qualifications were not required, but would carry out duties not previously the province either of the District Nurse or the Home Help. Auxiliaries are provided with uniform, equipment and are fully mobile. A full account of this Service appears elsewhere in the Report. The experiment has been entirely successful and already those involved have developed a professional status.

In the last Annual Report I referred to a Liaison Committee which was considering the care of the elderly in Bedfordshire and Luton. Under the Chairmanship of Mr. H. J. Weller the Committee consisted of members and officers of the Hospital Management Committees, Local Medical Committee, Executive Council and the Local Authorities. Family doctors and geriatricians played an active part in the discussions and investigations that followed and the Committee met on several occasions. The Local Health Authority intensified the number of field workers in all branches and the Welfare Authority continued with their extensive building programme. In the south of the County plans are advanced for the provision of additional geriatric beds by the Regional Hospital Board and it is hoped that the Board will recognise a similar deficiency in the Bedford Group. My impression is that family doctors, district nurses and others feel the need for a greater proportion of geriatric beds to the population of Bedfordshire than the formula which is being applied nationally.

During the year a "Working Party" considered how best to meet increasing public demand for "Well-women" clinics especially the early diagnosis of Cancer of the Cervix. Facilities available at the Laboratories at both Luton and Bedford Hospitals were increased and by the end of the year it was possible to accept a limited number of tests from general practitioners in addition to those from women with symptoms. This simple process, which is quick and painless, will later become available at Local Health Authority clinics and I strongly advise all women over the age of 35 years to take advantage of the facilities offered.

There was a further increase in the number of Playgroups registered in the County and the Health Committee approved Standards a copy of which is set out at the back of the Report. These were prepared by Dr. Henderson and Dr. Darlow and clearly state the general requirements for registration. This has simplified the procedure, both from the point of view of the public and the inspecting officers.

It is noted that in past years seldom is any reference made to the work of the Ambulance Service. This Service carries on quietly,

attending to all the calls with the minimum of publicity and the maximum efficiency. I am grateful to the County Council Photographer, Mr. K. Whitbread, who has produced the photographs which appear in the centre of the Report.

To the members of the Health Committee, and in particular the Chairman Councillor J. Wynn Williams, I record my appreciation for their co-operation throughout the year. I am also indebted to members of the Health Department staff, both professional and lay, for the vast amount of help them have given me, especially following the re-organisation of the Department. I am also conscious of the considerable co-operation and understanding I receive from my colleagues in the Hospital and General Practitioner Services. I wish also to express my gratitude to Dr. Henderson and Mr. C. J. Guy who have prepared the body of this Report.

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 51651.

September, 1967.

COUNTY HEALTH COMMITTEE, 1966-67

Chairman: Councillor J. Wynn Williams

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

Aldermen

Miss D. M. Mann
Mrs. A. Urwin
W. G. Matthews
H. R. Waller, O.B.E., J.P., D.L.

Councillors

J. A. Allison
L. Chambers
G. W. Cooper
C. H. Griffin
K. J. Hebblethwaite
E. I. B. Marples
W. J. Martin
W. E. Randall
Miss M. C. Shepherd, M.B.E.
D. W. Smith
K. Van Hegan

Co-opted Members

Local Medical Committee:

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: R. B. T. Dinsdale, L.D.S.

Pharmacists' Committee: F. G. Bull, M.P.S.

Bedford Group Hospital Management Committee:
R. G. Miller, 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 and Luton Executive Council: H. J. Weller, J.P.

COUNTY HEALTH STAFF, 1966

County Medical Officer of Health

M. C. MACLEOD, M.D., D.P.H.

Deputy County Medical Officer of Health

H. S. BURY, M.R.C.S., L.R.C.P., D.P.H. (resigned 30.4.66)
E. ELLICE HENDERSON, M.B., B.S., D.P.H. (apptd. 13.6.66)

Senior Assistant County 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. (resigned 15.9.66)
G. R. THORPE, M.B., Ch.B., D.P.H. (apptd. 1.11.66)

Senior Medical Officer for Mental Health

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

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.
A. W. C. LOBBAN, M.B., Ch.B. (seconded D.P.H. Course, Sept. 1966)
J. H. MARSHALL, M.B., Ch.B., M.R.C.S., L.R.C.P. (part-time w.e.f. 22.7.66)
SYLVIA D. MUNRO, M.R.C.S., L.R.C.P. (part-time w.e.f. 12.8.66)
ANNE E. ROBINSON, M.B., B.S., D.Obst., R.C.O.G. (part-time w.e.f. 27.10.66)
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.

Chief Dental Officer

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

Orthodontist (part-time)

M. C. EAGLAND, B.C.L.D., L.D.S. (apptd. 2.10.66)

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)
R. J. M. COBB, B.Ch.D., L.D.S. (apptd. 13.4.66, resigned 31.8.66)
J. E. CRUICKSHANK, L.D.S.
C. C. INGROUILLE, B.D.S.
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.

STAFF—*continued*

Chief Nursing Officer

WINNIE FROST, S.R.N., S.C.M., H.V. (Queens Nurse)

Assistant Chief Nursing Officers

MARGARET L. DEVERELL, S.R.N., S.C.M., R.S.C.N., H.V. (apptd. 1/1/66)
DOROTHY E. HELLETT, S.R.N., S.C.M., H.V. (Queens Nurse)
DOROTHY J. PECK, S.R.N., S.C.M. (Queens Nurse)

Home Help Organisers

VIOLET MABEL van BERCKELAER
KATHLEEN KELLY

Health Education and Statistics Officer

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

Chief Mental Welfare Officer

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

Occupational Therapists

JOAN E. DAVIDSON, M.A.O.T. (resigned 9.7.66)
MARY CHAMBERLAIN, T.M.A.O.T.
ELIZABETH A. HARDMAN, M.A.O.T. (apptd. 3.10.66)
GILLIAN E. M. PEARSON, M.A.O.T. (apptd. 26.9.66)

Chiropodists

J. BEAUMONT, M.Ch.S.
R. J. LANE, M.Ch.S., S.R.Ch. (resigned 8.4.66)
G. MURDOCH, S.R.Ch. (apptd. 23.8.66)
J. WATERS, S.R.Ch., (apptd. 14.2.66)
I. G. W. WHITE, S.R.Ch. (apptd. 1.9.66)

Chief Ambulance Officer

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

Chest Physicians (part-time)

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

County Analyst

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

Chief Clerk

S. P. MARRIOTT

SECTION I

STATISTICS

EXTRACTS FROM VITAL STATISTICS FOR 1966

Live Births :

	Male	*Female*	*Total*
Legitimate	2,817	2,694	5,511
Illegitimate	171	175	346
	2,988	2,869	5,857

Crude live birth rate per 1,000 estimated home population	21.3
Illegitimate live births per cent of total live births ...	5.9

Stillbirths :

	Male	*Female*	*Total*
Legitimate	31	31	62
Illegitimate	3	2	5
	34	33	67

Stillbirth rate per 1,000 total (live and still) births	11.3
Total number of live and stillbirths	5,924

Infant Deaths :

	Male	*Female*	*Total*
Legitimate	53	25	78
Illegitimate	3	7	10
	56	32	88

Infant mortality rate (all infant deaths per 1,000 live births)	15.0
Legitimate infant mortality rate	14.2
Illegitimate infant mortality rate	28.9

Neo-Natal Deaths*

	Male	*Female*	*Total*
Legitimate	37	16	53
Illegitimate	3	6	9
	40	22	62

* Within first four weeks of life.

Neo-natal mortality rate per 1,000 live births	10.6
Early neo-natal mortality rate (i.e. deaths under one week)	9.2
Perinatal mortality rate (stillbirths and deaths under one week per 1,000 total births)	20.4

MATERNAL DEATHS :

No. of deaths	2
Maternal mortality rate per 1,000 live and stillbirths ...	0.34

All the statistical information contained in this section of the Report is based on figures supplied by the Registrar General.

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 County Districts at the 30th June, 1966, were as follows :

Administrative County	**275,410**
Urban Areas	**142,850**
Ampthill U.D.	4,580
Bedford M.B.	67,430
Biggleswade U.D.	8,630
Dunstable M.B.	28,740
Kempston U.D.	11,080
Leighton-Linslade U.D. ...	17,820
Sandy U.D.	4,570
Rural Areas	**132,560**
Ampthill R.D.	30,470
Bedford R.D.	34,940
Biggleswade R.D.	32,200
Luton R.D.	34,950

Every County District had a higher estimated population than in 1965. The overall increase in the population of the Administrative County was 5,530.

The age-sex structure of the populations of the various districts varies, so that the crude birth and death rates, which are calculated as the number of births or deaths per 1,000 of the population, are not really comparable. To overcome this problem, 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.

BIRTHS

Table A of Appendix II sets out the number of births, legitimate and illegitimate, that were registered during 1966 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 5,857 giving a crude birth rate for the County of 21.3 compared with 22.3 for 1965. The adjusted rate was 20.0 compared with the provisional figure of 17.7 for England and Wales.

The number of illegitimate live births registered in 1966 was 346, representing 5.9 per cent of the total.

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 67 stillbirths attributable to Bedfordshire residents during 1966 giving a stillbirth rate of 11.3 per 1,000 total births (live and still). This was far better than the remarkably low figure of 13.1 achieved in 1965. The national rate also shows a downward trend and reached a record low level of 15.4 in 1966.

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

INFANT MORTALITY

During the year, 88 infants under one year of age died. Of these, 54 died within the first week of life and 62 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 1966 was 15.0 compared with 18.4 for 1965 and the lowest recorded figure for Bedfordshire of 14.9 for 1964. The national figure remained at 19.0 the lowest ever recorded. Figures for the individual County Districts are given in Table A of Appendix II.

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 1966 was 20.4 compared with 23.4 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, 1966

CAUSE	URBAN		RURAL		COUNTY		
	Under 4 Weeks	4 Weeks and over	Under 4 Weeks	4 Weeks and over	Under 4 Weeks	4 Weeks and over	Total
Leukaemia, Aleukaemia ..	—	1	—	—	—	1	1
Vascular Lesion of Nervous system	—	—	—	1	—	1	1
Pneumonia	1	4	2	2	3	6	9
Other Respiratory Diseases	—	—	—	1	—	1	1
Gastritis, Enteritis and Diarrhoea	—	4	—	—	—	4	4
Congenital Malformations ..	6	3	6	3	12	6	18
Other Causes	25	3	21	4	46	7	53
Accidents*	1	—	—	—	1	—	1
TOTALS	33	15	29	11	62	26	88

* Excluding motor-vehicle.

DEATHS

During the year, 2,660 deaths attributable to the Administrative County were registered, giving a crude death rate of 9.7 for 1966, the same as the previous year. 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 1966 are shown in Table II, together with the area comparability factors and adjusted death rates.

Tables B and C of Appendix II 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 800 of the 2,660 deaths registered and thus accounted for 30.1 per cent of the total. This proportion has shown little change in recent years.

There were 490 deaths attributable to cancer (described in the Tables as "malignant neoplasms"). This was 18.4 per cent of all deaths. A closer examination of the figures reveals that there were 273 males and 217 females. Of the males, 113 (41.4 per cent) died from cancer of the lung or bronchus, nearly half of them being under 65 years of age.

The other major cause of death in Bedfordshire in 1966 was cerebral haemorrhage which, with 462 deaths, was responsible for 17.4 per cent of the total. Pneumonia and bronchitis between them accounted for 319 deaths (12.0 per cent) and accidents, 88 deaths (3.3 per cent).

TABLE II—CRUDE DEATH RATES, AREA COMPARABILITY FACTORS, AND ADJUSTED DEATH RATES OF THE COUNTY DISTRICTS AND ENGLAND AND WALES, 1966

	Crude Death Rate per 1,000 Home Population	Area Comparability Factor	Adjusted Death Rate
Urban Districts	**9·4**	**1·06**	**9·9**
Ampthill	15·3	0·74	11·3
Bedford M.B.	9·5	1·11	10·6
Biggleswade	11·0	0·72	7·9
Dunstable M.B.	7·5	1·39	10·4
Kempston	10·9	0·90	9·8
Leighton—Linslade ..	8·6	0·97	8·4
Sandy	8·5	1·01	8·6
Rural Districts	**10·0**	**1·04**	**10·4**
Ampthill	9·9	0·99	9·8
Bedford	10·6	0·97	10·2
Biggleswade	11·2	0·88	9·9
Luton	9·2	1·42	13·0
Admin. County	**9·7**	**1·05**	**10·1**
England and Wales	**11·7**	—	—

Two maternal deaths occurred in 1966, giving a maternal mortality rate of 0.34 per 1,000 total births.

SECTION II

THE COUNTY HEALTH SERVICES

ADMINISTRATION

The County Council are the Local Health Authority for the whole of the Administrative County but in the Borough of Bedford all functions are delegated to the Borough Council with the exception of the Ambulance Service and the care and after-care in residential accommodation of persons suffering from mental disorder. However, there is joint use of staff in the Mental Health, Nursing and County Home Help Services. In order to present a complete picture of Local Health Authority services in Bedfordshire, information relating to Bedford is included in this Report.

As far as the County area was concerned the year witnessed changes in the pattern of administration. The Divisional Offices in Biggleswade and Dunstable were closed and divisional administration was abolished in favour of centralised administration based at the County Health Department, Phoenix Chambers, High Street, Bedford. The aim of the change was to obtain greater efficiency and the work previously done in the Divisional Offices in relation to pre-school children was combined with that of the School Health Section in a newly-created Child Health Section. To co-ordinate a miscellany of functions relating not only to the National Health Service but to Public Health, Food and Drugs and general administration an Adult Health Section was set up. Staff difficulties, however, precluded the appointment of individual Senior Assistant County Medical Officers to take charge of each of the above Sections. In an attempt to resolve this Dr. A .W. C. Lobban, Assistant County Medical Officer, with considerable experience in Child Health, was seconded to the Diploma in Public Health Course with a view to his assuming responsibility for one of the newly created Sections. With the appointment of Dr. G. R. Thorpe in November as Senior Assistant County Medical Officer the staffing position eased.

The administrative arrangements for the Mental Health and Nursing Services remained unchanged.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care

Ante-natal care is provided in the County either by the hospital or the midwifery service in conjunction with the general practitioner. Where the midwife is concerned care is principally carried out in the home, although in a number of instances this is carried out in general practitioners' surgeries. There are no ante-natal clinics with a medical officer in attendance but at Leighton Buzzard the midwives hold a weekly clinic for the patients they have booked. Altogether 189 women attended during the year.

Mothercraft and Relaxation

With the exception of a few newly appointed midwives all have had training in teaching the techniques of relaxation to expectant mothers.

Mothercraft and relaxation classes are held in fifteen centres throughout the County. The classes are the result of close co-operation between the health visitor and midwife who, together, comprehensively cover all aspects of pregnancy leading up to the confinement and the practical care of the new-born baby. Where subjects occur which are likely to be of particular interest to the husband, efforts are made to hold convenient evening classes in order that they may attend.

Altogether, 844 women attended the classes, of whom 160 were booked for a hospital confinement.

Premature Births

All infants weighing 5½ pounds 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, but for those born and nursed at home the Authority has 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 are made for nursing care *en route* and the equipment required for such a journey is provided.

During 1966, of the 5,949 live births notified, 293 or 4.9 per cent were premature. Of these 22 died within 24 hours and a further eight by the end of six days. The number who survived for 28 days was 261 or 89.1 per cent. It will be seen from Table D (Appendix II) that half the premature babies weighed more than 4 pounds 15 ounces. There were 46 premature stillbirths notified (45 in hospital), representing 69.7 per cent of all notified stillbirths.

The Unmarried Mother and Her Child

Care, when 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, the Diocese provides a Mother and Baby Home in Bedford, affording accommodation for the periods immediately preceding and following confinement. During the year 65 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 22 applications for financial assistance to enable unmarried expectant mothers resident in the County to be admitted to homes, and in 17 cases outside the area.

Child Welfare Centres

Child welfare centres continue to be appreciated although a very slight drop in attendance occurred during the year. A total of ten purpose-built clinics now exist, following the completion of two new clinics opened in 1966. Both of these clinics replaced rented premises, in Queen's Park, Bedford and the village of Stotfold. Two other centres were held in adapted premises and the remaining fifty-two centres operating at the end of the year were in premises occupied on a sessional basis. One sessional clinic, held in Thurleigh, was discontinued through lack of support.

In rural areas it frequently occurs that one clinic has to serve two or more villages. Where difficulties have arisen with public transport this has been provided by the Authority. Such a practice has many advantages in that the cost is small in relation to the setting up of a separate clinic.

Each clinic is regularly staffed by a health visitor, while a doctor is also in attendance at regular intervals which depend upon the numbers known on average to attend. In nearly all clinics considerable assistance is given by local voluntary help and their contribution to the running of each centre is much appreciated.

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

Children " At Risk "

In common with other authorities considerable attention has been paid to children in whom there is a possibility that they may develop handicaps in later years. To this end, an " At Risk " register exists, to which the names of children are added at the time of birth when certain at risk factors are evident. Experience has shown that these at risk factors can serve as very useful pointers to the development of future disabilities. Shortly after the child is born details from the register are transferred to the health visitor's record card. During the next year particular attention is paid to the development of this child in order that prompt remedial action can be taken, should this be indicated. In any event, such children are brought to the attention of medical officers at infant welfare centres before or at their first birthday. A medical examination takes place and follow-up is arranged as appears necessary.

Apart from the benefit to the child of early diagnosis such an " At Risk " scheme enables future plans to be laid for any special educational facilities which may be required.

At the end of 1966 there were 3,985 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

Tests to indicate this condition, which can result in severe mental retardation, are now a routine measure. No case of phenylketonuria was detected during the year.

Hearing Defects in Children

In recent years it has become recognised that defective hearing is more common in children than had been supposed and can be 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 fiirst three or four years of life. Thus early diagnosis is of the utmost importance. To this end, all children, particularly including those on the " At Risk " register, have their hearing assessed between the ages of eight months and one year. This testing is carried out by health visiting staff, nearly all of whom have undergone training in the technique and application of these tests. Testing either takes place in the home or at the child welfare centre. Where doubt arises as to the child's ability to hear the test is repeated by the clinic medical officer and, if confirmed, referral is made to the appropriate hospital ear, nose and throat consultant.

The aim of such early diagnosis is to enable auditory training to take place with the least possible delay.

It is the intention to further develop this service in the coming year.

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 handiçapped children.

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 to supervision by 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 provides facilities for the dental care of these classes in conjunction with the School Dental Service. Details of the work carried out are given in Table F (Appendix II).

The following report has been submitted by the Chief Dental Officer :

" There was no overall change in the number of County Dental Officers during the year. Miss Watts, the sole Dental Auxiliary, resigned from that post in October, on her marriage, and she will not be replaced in the Dunstable area until early in 1967. A second auxiliary is due to commence duty in Bedford about the same time.

" The Dental Auxiliaries Five-Year Experimental Scheme was recently concluded. The Minister of Health has stated that the Government accepts that the Dental Auxiliaries have a valuable contribution to make and that he is about to consult with the General Dental Council on the steps necessary to establish them on a permanent basis. This is likely to have a considerable effect on future policy relating to the treatment of very young children for the Auxiliaries are specially trained in the care of this group.

" During the year under review there was, both for children under five and for mothers, a considerable increase in the number of attendances and in the amount of treatment provided.

" Early next year the attention of parents of three-year-olds is to be drawn to the need for dental care even at that age by the sending of specially produced letter-cards. This should further reduce the number of children who do not receive dental attention before they enter school and who thus have to lose teeth which should have been saved by treatment at three or four years of age."

Family Planning

For many years, the Authority have provided three clinics where

women to whom " pregnancy would be detrimental to health " can obtain free advice and treatment. Supplies have, however, been chargeable to each patient on a cost price basis until, at the end of the year, the County Medical Officer was authorised to waive these charges in appropriate cases. The term " health " is interpreted in its widest sense and includes many medical and social factors. Referrals stem largely from Local Authority staff and social workers, while a number are referred direct from the general practitioners. In each case, however, advice is only given where there is a medical recommendation and the general practitioner is notified afterwards as to the type of treatment advised. Details of the attendances at each clinic in 1966 are given in Table III.

TABLE III—ATTENDANCES AT BIRTH CONTROL CLINICS, 1966

	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	187	453	27
Bedford, Putnoe ...	66	141	344	26
Dunstable, Kingsway ...	6	91	91	13
TOTALS ...	130	419	888	66

The Family Planning Association, on the other hand, have for some years provided clinics in Dunstable and Bedford which deal with all comers wishing contraceptive advice and treatment and this is not solely restricted to women in whom pregnancy would be detrimental to health. Furthermore expert advice is also given on marital difficulties and problems, and sterility. A national scale of charges is recommended by the Association and these are designed to cover the cost of all advice, treatment and procedures carried out. In certain instances it is possible for Local Authority Medical Officers to refer cases to Family Planning Clinics and an arrangement was agreed in January, 1965 between the Local Authority and the Association that a *per capita* fee would be made in respect of each referral. No such referrals have taken place during the last two years.

As a result of Circular 5/66 issued by the Ministry of Health in February, 1966, careful consideration was given to the whole question of family planning services in Bedfordshire. Discussions took place with the Family Planning Association and it was agreed that there was no overlapping in the respective arrangements of the Association and the Authority. The Authority had for some time past assisted the Association by providing accommodation for clinics free of charge.

To stimulate interest and to draw attention to this important subject, a lecture by a prominent member of the Family Planning Association was held which almost all district nurses, midwives and health visitors attended, as well as some social workers.

Plans were in hand at the end of the year to extend the Local Health Authority's provisions and in preparation for this arrangements were made for one of the assistant County Medical Officers to undergo comprehensive training in contraceptive techniques.

Children in Care

The provision of residential homes and nurseries for children is the 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 1966 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. The Scheme is not widely used and at the end of the year, there were six daily minders caring for eight 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 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 three nurseries, providing for 96 children, and 49 daily minders were so registered.

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 that provision of the Nurseries and Child Minders Regulation Act which empowers a Local Health Authority to supervise premises, other than premises wholly or mainly used as private dwellings. During the year the Health Committee approved general conditions and standards for premises and persons where application is made for registration. These are set out in Appendix I. At the end of 1966 there were 28 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 closer association to develop with hospitals, general practitioners and other professional workers in the domiciliary field. In two cases, a health visitor is attached to a general practice—one in Bedford Borough and the other in a rural area. Follow up visits are made, when necessary, to patients discharged from hospital or to those who fail to keep clinic or out-patent appointments. It is the accepted policy for the health visitor to also act in the capacity of school nurse.

The Authority has a scheme for selecting candidates and sponsoring them for health visitor training. With the national shortage of health visitors a great deal of consideration has been given to relieving them of their less specialised duties by employing clinic nurses. This system works extremely well and is in accordance with the recommendations of the Ministry of Health.

The staff comprised one full-time geriatric liaison health visitor, 35 full-time and five part-time health visitor/school nurses and one health visitor 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 Group Advisers, one of them being in Bedford Borough.

During the year, 18,792 children under five years of age were seen in their homes and visits were paid to 855 persons aged 65 or over. There were 137 persons visited after discharge from hospital and visits were also paid to 25 mentally disordered persons. In addition to home visiting, 2,705 attendances were made at child

welfare clinics. 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 six health visitors were sent during the year.

MIDWIVES SERVICE

Whole-time midwives are employed in Bedford, Dunstable and Kempston, while in the remainder of the County nurse/midwives combine midwifery with home nursing. All told, there were 21 whole-time and one part-time midwives and 43 nurse/midwives (three being part-time). In addition there was one health visitor/nurse/midwife undertaking midwifery as part of comprehensive duties in a rural area. Non-medical supervision of midwives is undertaken by the Chief Nursing Officer and her Assistants.

Of the midwives employed by the Authority, 16 are approved as training midwives by the Central Midwives Board to 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 13 were in training at the end of the year.

Most expectant mothers have ante-natal care from the general practitioner and the domiciliary midwife. 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.

The number of domiciliary confinements attended by the Authority's midwives during the year was 2,161 and in all but five 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 36.5 per cent, compared with 37.4 per cent in 1965 and 41.5 per cent in 1964.

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 early in the puerperium. A large proportion are in fact discharged at 48 hours into the care of the domiciliary midwife. In 1966 the trend continued and there were 1,546 women discharged before the tenth day, nearly 300 more than in 1965.

During 1966, nine midwives attended refresher courses organised by the Royal College of Midwives.

Analgesia in Childbirth

Due to the inadvisability of using gas and air in the light of recent research, the midwives were issued with Trilene machines. For the few patients intolerant of Trilene, gas and oxygen (Etonox) equipment is available.

Midwives also carry Pethidine and Pethilorfan for the relief of pain in childbirth. Over 90 per cent of women attended by the midwives in their own homes received analgesia.

HOME NURSING

Hospitals and general practitioners continue to refer patients to the home nursing service and it is still felt that the potential of this service is not yet fully appreciated. It is considered that many patients would benefit more by earlier referral to the district nurse.

No difficulties have been experienced in recruitment of State Registered Nurses and throughout the year there has been a waiting list of applicants.

In an Appendix to the Report for 1965 an account was given of the scheme for nursing at home patients discharged from hospital 48 hours after hernia operation. This scheme continued successfully during 1966.

Despite a drop of just over 500 in the number of patients attended (4,080) the number aged 65 years or over was practically unchanged (1,641). This is undoubtedly a reflection of the increasing use of drugs given by mouth instead of injection. This meant that elderly patients comprised 40.2 per cent of the total compared with 36.5 per cent in 1965. Only 139 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. There were, in addition to the 43 nurse/midwives (three part-time) and one health visitor/nurse/midwife already mentioned, 31 full-time and three part-time nurses. There are also 7 male district nurses, who continue to make a valuable contribution to the service, and it is expected that the number of men so employed will be increased as the need arises. 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 is very grateful to the various District Councils who have made suitable houses available.

The Queen's Institute of District Nursing and the Royal College of Midwives arrange refresher courses for district nurses. Six nurses attended such courses during 1966.

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 people to remain in their own homes reduces the pressure on hospital accommodation. A charge is made based on the family income and liabilities, unless the person is eligible for National Assistance.

In general it is possible to provide a service throughout the County but in some rural areas the lack of public transport creates difficulties.

For administrative purposes the County is divided into two parts —the south (Dunstable, Leighton-Linslade and Luton Rural Districts) and the north (the remainder of the Administrative County, including Bedford Borough). For each area there is a full-time organiser. Altogether in 1966 there were four whole-time and 271 part-time home helps. The number of cases where help was provided during the year was 1,830, of whom 1,349 were aged 65 years or over. Of the remainder 234 were maternity cases.

In addition to the Home Help Service, there is a Sitters-up Scheme. 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.

For some reason there has never been any great demand for this service and as a result it has not been possible to retain a panel of Sitters-up.

CARE OF THE ELDERLY

All aspects of the care of the elderly in Bedfordshire have been the subject of detailed consideration by the County and Luton Geriatric Liaison Committee constituted in 1965. Two sub-committees representing the north and south of the County were set up at the end of the previous year and met on several occasions during 1966. Arising from these meetings a joint report was issued entitled "Statement of Need" for the development of the services for the

care of the elderly in Bedfordshire and Luton. This report was produced without regard to financial considerations and outlined details of the present provision and future estimated needs of the hospital and specialist services together with those of the appropriate health and welfare authorities. The information included details of the number of beds available in hospitals, and local authority homes as well as information regarding general practitioner services, the nursing service and loan equipment provided by the Authority and voluntary organisations. In addition details were provided of the ancillary services available including domestic help in the home, " night sitters ", chiropody and meals on wheels.

Having formulated the " Statement of Need " it is intended that arrangements will be made to use this document as a means of opening discussions with representatives of the Ministry of Health and the Regional Hospital Board. It is true to say that the Local Authority have done a considerable amount during this year to develop this Service.

The report also indicated the value of keeping a geriatric " At Risk " register. An initial list already under preparation by the Bedfordshire and Luton Executive Council was paving the way to a register of this type. Subsequently additions were made to this list from a number of sources. Administratively the success of this scheme was strengthened by the appointment of a Geriatric Liaison Health Visitor on 1st June, 1966. The Liaison Health Visitor maintains contact with individual general practitioners, geriatricians, medical social workers, statutory bodies and voluntary agencies, and arrangements are made for the appropriate health visitor to visit.

NURSING AUXILIARIES

Consequent upon the appointment of a Geriatric Liaison Health Visitor the number of elderly persons found to be requiring help was considerably increased. This, in itself, was a reflection of the success of the scheme in highlighting the deficiencies that were previously not apparent. At the same time, in the past few years, it has been increasingly evident that there was a place in the domiciliary service for another kind of worker allied to the nursing services. Requests were being received in ever increasing numbers for help which did not require the skill of a trained nurse but needed more than the normal service provided by a Home Help. A typical example was the frail old person who could not dress herself or put herself to bed. Many of these geriatric patients could be looked after under the umbrella of the Health and Welfare services, provided that some assistance was available at the start of the day. The Home Help service would often be visiting and carrying out invaluable work. The domestic help of this kind has to be allocated according to the available hours, it was possible that the elderly patient, often living alone, would not see anyone until late in the morning, perhaps lunch time.

A service to fill just such a gap was envisaged at the end of 1965 when the Health Committee decided to appoint four Nursing Auxiliaries.

Criteria

A great deal of time and thought was given to the organisation of such a service. Among the principal conditions laid down were :

1. The type of duties to be carried out.
2. The amount of domestic work which should be undertaken.
3. The extent to which home nursing procedures would be undertaken.
4. The type of person who would be best suited to carry out out the job.
5. How to avoid overlap with existing services.

Equipment

It was agreed that these officers should be fully mobilised. Two vans were purchased and equipped with the following articles :

1. Portable vacuum cleaner.
2. Mops, pail, floor cloths, etc.
3. A butane gas heater for boiling water, etc., it there was not a quicker method available in the house.
4. A few tins of condensed food for emergency use.
5. A calor gas heater which could be used in the house when necessary for immediate warmth whilst the patient was being washed and dressed. A convector type calor gas heater was made available for more prolonged use and in case of emergency ; e.g. hypothermia.

Recruitment

It was decided that the best method of recruitment was to advertise in the local press and to recruit a more mature type of person, interested in caring for the elderly, with some elementary home nursing experience. Initially two suitable applicants were appointed, subsequently a third was appointed in October and a fourth, part-time nursing auxiliary, in November.

Preparation for undertaking the duties of a Nursing Auxiliary

One of the Nursing Officers kept personal supervision on the programme of preparation. The Auxiliaries spent a good deal of time with the district nurses who taught them simple procedures such as :

1. Washing and bathing patients in bed, in their own homes.
2. Care of hands and feet.
3. Hair washing of the frail ambulant.
4. Lifting and moving patients, etc.

The Nursing Officer gave them an outline of the services covered and the responsibility of various members of staff.

It was explained that the patients must not be allowed to call them " nurse ".

They received instructions concerning the occasions when they would be required to carry out some domestic duties, e.g. before Home Help arrived—make a cup of tea for patient, light fire, etc. —or at week-ends and Bank holidays.

Selection of Suitable Cases

In view of the desirability of avoiding overlap with existing services it was decided that :

1. A questionnaire was sent to every district nurse who then returned the necessary information.
2. Patients were selected and visited by a Nursing Officer.
3. Future referrals would be at the discretion of the district nurse after consultation with a Nursing Officer.
4. The State Registered Nurses were made responsible for visiting as frequently as they thought to be necessary, to keep a check on the needs of the patient, e.g. if the medical condition made it necessary for trained nurse help.
5. The Nursing Auxiliary should contact the district nurse for the area, if the situation changed or if she needed help or advice.
6. Regular meetings would be held to discuss any difficulties with the Nursing Auxiliary.

Statistics

	No. Pts.	*No. N.A.*	*No. Visits*
August	17	2	73
September	22	2	218
October	19	2	253
November	25	4 (3 F/T) (1 P/T)	234
December	25	4 (1 P/T)	337

Conclusion

It is evident that the original purpose of appointing Nursing Auxiliaries has been fully justified. Furthermore it has been found that for the service to be fully operative each Nursing Auxiliary requires to be supplied with a fully equipped van. It is intended that this service will be expanded in the coming year with a view to giving complete coverage of the whole 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 Edgebury Hospital shall also take patients from the surrounding County Area.

There are five ambulance stations in the County, housing 23 ambulances, 11 dual-purpose vehicles and one car. All the vehicles are equipped with radio-telephones and there are control centres at Kempston (linked with Ampthill and Biggleswade) and Dunstable (linked with Leighton-Linslade). The system enables an ambulance to be diverted to an emergency without loss of time.

Because of increasing difficulties with traffic congestion in Bedford during the peak periods, it was decided to station an amblance at Bedford General Hospital (North Wing) at such times to deal with accident calls.

All ambulance vehicles are fitted with a blue flashing light and each carries a Porton Portable Resuscitator. This hand-operated apparatus has been specially designed to give maximum effort with simplicity of application. Each driver-attendant has been issued with a personal first aid haversack complete with first aid equipment for use at all times, whether on or off duty.

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 17 occasions during the year, nine 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 1966 by vehicles at each of the five stations and by the Hospital Car Service. Altogether the Council's vehicles recorded 590,080 miles, of which 6,878 miles were travelled on behalf of other authorities. A further 10,699 miles were travelled by other Ambulance Services in conveying Bedfordshire patients.

The ambulance staff employed comprised a Chief Ambulance Officer, a maintenance officer, five station officers, two deputy station officers and 74 driver-attendants.

It is with great regret that, for the second year in succession, a death has to be recorded. Mr. J. Pearce, who joined the Service in 1946 and became deputy station officer at Dunstable in 1964, died on the 23rd November at the early age of 43.

TABLE IV—MILEAGE TRAVELLED AND PERSONS CARRIED BY COUNTY AMBULANCE SERVICE AND HOSPITAL CAR SERVICE, 1966

Station or service	Mileage	Persons carried			
		Accident	Sickness	Other	Total
Ambulance Station—					
Ampthill	112,024	939	1,0688	278	11,905
Kempston	172,251	2,811	22,781	69	25,661
Biggleswade	136,470	1,299	15,895	411	17,605
Dunstable	93,581	2,023	9,130	152	11,305
Leighton—Linslade ..	75,754	857	9,562	52	10,471
	590,080	7,929	68,056	962	76,947
Hospital Car Service ..	231,155	—	6,434	1,787	8,221
	821,235	7,929	74,490	2,749	85,168

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis and the Tuberculous

Treatment is 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 Immuisation.

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

The Ministry of Health Circular, 14/63, dated 4th September, 1963, commended to Local Authorities the use of incontinence pads.

In Bedfordshire in the main this service is of increasing use to elderly patients who are both incontinent and ambulant. Generally the principal requests for this provision stem from the district nursing service, although a number of direct requests have been received from general practitioners. All requests are scrutinised by the nursing department, the cost of the pads being borne by the Local Authority.

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.

Although there were further staff changes with Miss Davidson leaving to go to New Zealand, at the end of the year all three posts on the establishment were filled for the first time. In addition there was an occupational therapist employed by the Bedford Borough Council under the scheme of delegation.

Problem Families

In reality these are families with a problem and frequently present as a family falling behind with the rent. When this comes to the notice of the Health Department arrangements are made for a social worker to visit and investigate the situation. Frequently such a visit uncovers other problems which may necessitate action by separate agencies, these include the Children's Department, the Probation Service, the National Society for the Prevention of Cruelty to Children, the Welfare Department, District Housing Authorities and all branches of the nursing and medical services. In many instances all that is required is for the principles of good housekeeping to be inculcated and where a family has got into debt the necessary advice is given.

These families require constant help and encouragement, necessitating frequent visits. As the family gain confidence in the efforts and methods of the social worker so too do they, in many instances, gradually take control of their own affairs. Periodic follow-up visits are however necessary and are carried out at the discretion of the social worker concerned.

Inevitably, the occurrence of such families imposes a burden on medical and nursing staff, particularly the health visitors who, in the course of their daily work, recognise the early symptoms of inadequacy and also carry out valuable preventive work.

At the end of the year there were three such social welfare officers, one of them being in the Borough of Bedford.

In suitable cases the Authority send mothers and their children (if under seven years of age) to a recuperative centre, such as 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

When no treatment is required the Authority has 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.

Cervical Cytology

Cancer of the Cervix is one of the most important and frequent forms of cancer affecting women. The peak incidence is from 40 to 50 years of age though many cases occur in the thirties. Since the most important factor in prognosis is the extension which has occurred when treatment has started, the discovery that microscopic changes are apparent long before gross changes occur, became an invaluable tool in the early diagnosis of cervical cancer. This procedure is now colloquially known as the cervical smear test.

In January, 1966 the initiative was taken by the County Medical Officer to set up an informal Co-ordinating Committee which included members of the Bedford Hospital Group and general practitioner representation to consider the introduction of a screening service for cancer of the cervix. In May, 1966 the Ministry of Health approved the County Council's proposals under Section 28 of the National Health Service Act to provide this Service. Practical progress, however, was hampered considerably due to the severe shortage of trained hospital technicians which did not permit smears to be taken in women other than those already attending hospital with gynaecological symptoms. By September, 1966 the position had improved to an extent which enabled the services of the Hospital Pathology Department to be made available on a limited basis to all general practitioners in Bedfordshire as from 1st October, 1966. Supplies of material were made available to enable smears to be taken while a method of recording data and clinical details was instituted pending the anticipated issue of a nationally approved form drawn up by the Ministry of Health.

An expansion of this service is shortly anticipated and will include pilot local authority schemes.

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 1966 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, four whole-time chiropodists are employed. The chiropodists hold clinics at Biggles-

wade, Dunstable, Ampthill and Leighton Buzzard. They also visit a number of Clubs for the elderly as well as a residential home for the elderly run by the W.R.V.S.

During the year 1966, the following treatments were carried out : —

	Treatments	
(a) Directly provided service—		
(i) At club premises	1,754	
(ii) At the homes of patients ...	2,566	
(iii) At Local Authority Clinics ...	2,853	
	———	7,173
(b) Voluntary Organisations service—		
(i) At club premises	8,918	
(ii) At the homes of patients ...	4,291	
	———	13,209
Total		20,382

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 Health Authority. There were 3,346 treatments given at the clinic and 459 in patients' homes. In addition, a County Chiropodist spends one day a week at Barford Avenue Clinic and half a day at Putnoe Clinic where he treats both Borough and County patients. He undertook 506 treatments of Bedford persons at these Clinics during 1966, as well as 306 domiciliary treatmeants in the Borough. Also, a private chiropodist undertook some work on a *per capita* basis, giving 930 treatments in her own surgery and a further 263 in patients' homes.

MENTAL HEALTH SERVICE

Table V sets out the numbers of cases referred and the sources from which referred for both mental illness and mental handicap. In mental illness no significant change occurred during the year. The number of direct referrals fell slightly, but the number of new cases investigated on behalf of the Bedford Psychiatric Out-Patients Clinic, which are not included in these figures, increased from 71 to 101. There was a slight increase in referrals for mental handicap, the majority of additions being new cases.

The sex-age distribution of cases of mental illness (see Table VI) shows the usual preponderance of women but last year's reduction

in the proportion of elderly patients was not maintained. Once again, the proportion of patients over 60 years of age was about one-third of the total.

The most significant occurrence during the year was the opening in June of a new Training Workshop in Bedford for mentally handicapped adults. The workshop provides 90 places and a wide variety of activities including assembling and packing, woodwork, metalwork, gardening and some domestic training. Fifty-one places were occupied at the end of the year, trainees being conveyed by hired transport from the whole of the northern part of the County.

The opening of the Workshop and a parallel Adult Training Centre in Luton at which trainees from South Bedfordshire attend, freed a substantial number of places in the two Junior Centres at Kempston and Dunstable. However, by the end of the year, the Dunstable Centre was again full (approximately one-third from South Bedfordshire and two-thirds from Luton County Borough) and four children were waiting. Some places remained vacant at the Kempston Centre. The main difficulty in achieving a rapid extinction of the waiting list was the large preponderance of very young children. Even so, only three children remained waiting for admission to the Kempston Centre at the end of the year. Details of those attending or awaiting places in training centres and workshops are given in Table G, Appendix II.

The number of cases of mental handicap under care in the community, rose marginally, but the number of cases of mental illness in this category fell by over 20 per cent. This was undoubtedly a reflection of the lack of experience of a large proportion of the field staff. The year was one of the most difficult ever experienced in this respect, one senior, two experienced and one junior officers being lost to other employment. The absence on training of another experienced officer temporarily added to the difficulties. As has been experienced for many years, no trained or experienced replacements were forthcoming and additional Trainee Mental Welfare Officers had to be recruited. Inevitably, the amount of community care work they can undertake is limited for some time. It might have been expected that there would be a consequential rise in the number of compulsory admissions to Hospital, as it has been shown* that inexperience and inability to undertake intensive supportive work often has this result. In the event, there was a slight fall in this respect, both in raw figures and in proportion to the total number of actions taken. Details of the actions taken were as follows : —

COMPULSORY ACTION :

Admitted to Hospital—

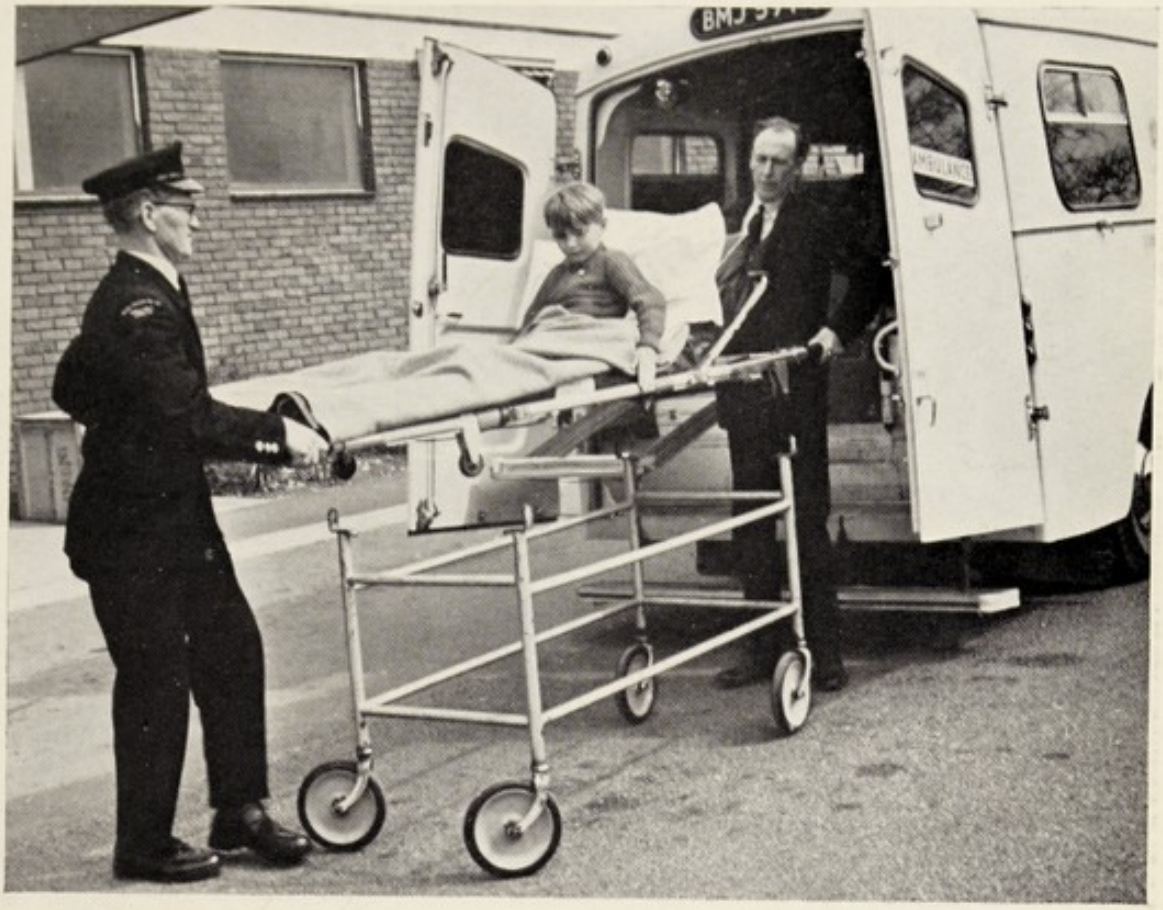
for Observation Emergency	72
for Observation	49
for Treatment	19

* FRENCH, C. W. (1966) Public Health, March.

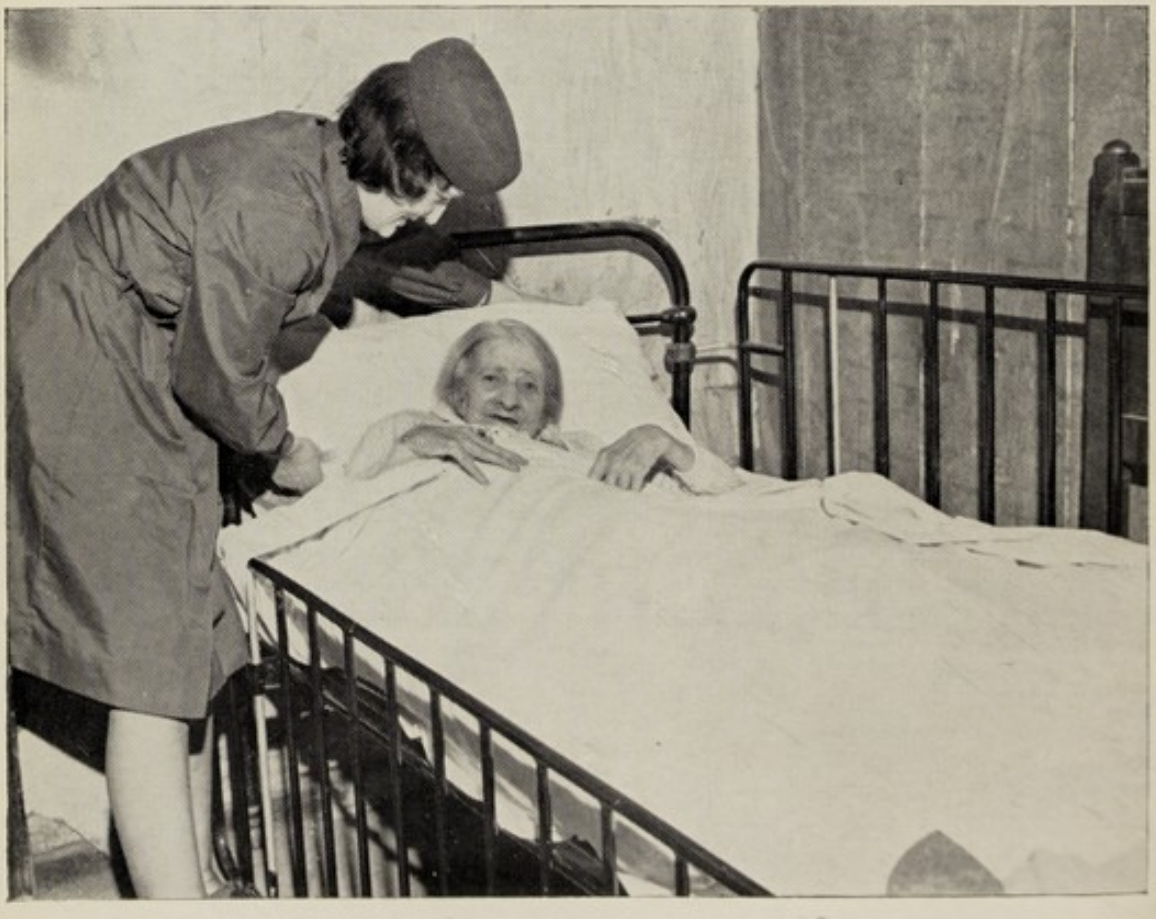
NURSING AUXILIARY—ALWAYS AVAILABLE

AMBULANCE SERVICE—THE SCENE OF AN ACCIDENT

AMBULANCE SERVICE—OUT-PATIENT DUTY



NURSING AUXILIARY—CARING FOR THE AGED



NON-COMPULSORY ACTION :

Admitted to hospital informally	261
Placed under Community Care	73
Other Action	502
Total	976

The waiting list for hospital care remained small but mainly consisted of young mentally handicapped children who present a major problem of management in their own homes. The provision of residential care for the mentally handicapped is a rapidly growing problem. At the end of the year six adults and four children had been placed in hostels, homes and lodgings outside the County. All the evidence points to this being an area of the Service in which demand is growing very rapidly.

TABLE V—SOURCES FROM WHICH CASES OF MENTAL ILLNESS AND MENTAL SUBNORMALITY WERE REFERRED, 1966

Source	Mentally Ill	Mentally Subnormal & Severely Subnormal
General Practitioners	542	11
General Hospitals	54	12
Fairfield Hospital	79	—
Relatives	47	21
Police	48	4
Patients themselves	23	4
Welfare Department	13	—
Bedford Psychiatric Clinic	14	—
Neighbours and Friends	8	1
Probation Service	7	1
Other Departments (excluding Welfare) ...	5	11
Psychiatric Hospitals outside County	4	—
Health Visitors	4	3
National Assistance Board	5	1
Child Health Service	—	10
Other Local Health Authorities	—	11
Hospitals for the Subnormal	—	9
Other Sources	38	6
Totals	891	105*

* 30 old: 75 new.

TABLE VI—SEX-AGE DISTRIBUTION OF CASES OF MENTAL ILLNESS REFERRED IN 1966

	Age							Totals
	Under 21	21–30	31–40	41–50	51–60	61–70	71 and over	
Males ..	27	59	82	64	31	33	52	348
Females ..	20	95	103	84	58	67	116	543
Totals ..	47	154	185	148	89	100	168	891

HEALTH EDUCATION

Every effort was made to continue existing activities. Over fifty requests for talks and demonstrations were received from all sorts of organisations and many members of the staff were called upon for the purpose, often in the evening.

As in previous years, advice was given to schools on such subjects as human relations, problems of growing up, menstruation and adolescence and child care. At the same time continued efforts were made emphasising the relation between smoking and health. Stress was again placed on the importance of diet and its effect upon dental decay.

One health visitor participated in a course for senior girls at four secondary modern schools on the theme " Human Relations ". That this was a success was evinced by requests for further courses on this topic.

Parent Teacher Associations were also addressed on sex education. This was later followed up by talks from an Assistant Chief Nursing Officer and a health visitor.

A short series of talks on adolescence and child care was also given to senior pupils in Bedford Borough, while parents with their daughters approaching puberty discussed the problems of menstruation with a nursing officer.

During 1966 the Ministry of Health circularised all Local Health and Education Authorities requesting them to use all channels of communication to disseminate the findings of the Royal College of Physicians' Report on " Smoking and Health ". In this context there was a most encouraging response from senior schools in the County following which talks were given by the Health Education Officer.

Additional lectures were also given on the general subject Health Education.

Mothercraft and Relaxation

Mention has been made earlier in the report of the classes for expectant mothers that are provided at 15 centres. These are organised jointly by the midwife and health visitor. Various visual aids were used and wherever possible each group is shown a film of the birth of a baby. This was done on 67 occasions all told, in some cases in the evening so that the husbands could attend.

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. Assistance was again given to the Bedford Borough Health Department by the loan of visual aids to public health inspectors who were lecturing to food handlers.

Home Safety

At the end of the year there were three voluntary Home Safety Committees in the County—Dunstable, Bedford and District, and Biggleswade and District. On each of these the County Health Department is represented by the Health Education Officer.

During the year, the Royal Society for the Prevention of Accidents reconstituted the regional representation for home safety. Bedfordshire is now in the area covered by the Area 9 Home Safety Council. County Councillor Miss Shepherd and the Health Education Officer represent the County Council on this body and the latter has been appointed as the Area representative on the National Home Safety Committee.

In addition to the usual display of home safety posters in the clinics all schools in the County were supplied with a wall chart depicting several of the more common poisonous fungi.

Dental Care

Dental decay continued to feature prominently amongst health education problems. During the Autumn particular attention was directed by the Health Visitors to the need to conserve the teeth of young children.

Junior and infant schools in the Leighton Buzzard area were visited by Mrs. Morris and Mr. Guy and films on dental care were shown. Talks were also given by the dental auxiliary.

Care of the Feet

More requests for talks on this subject than on any other were received from women's organisations. These were given by health visitors.

In the hope that a lot of the foot trouble that assails people in later life can be prevented in future, mothers were encouraged to make every effort to ensure that their children wear properly fitting shoes. To help them a display of shoes for pre-school children was exhibited in most of the main clinics.

SECTION III

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

NOTIFIABLE DISEASES

Towards the end of the last century a system of notification of infectious diseases was introduced into this country in an endeavour to control epidemics. The conditions under which the majority of the population were living were conducive to the spread of infection and in children particularly the mortality rate for many of the common diseases was high. Thus when notification was made compulsory in 1899, the diseases named were those that were causing most concern at the time—smallpox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever or scarlatina, typhus, typhoid or enteric, relapsing, continued and puerperal fevers. Plague was added to the list the following year and cerebrospinal fever (now meningococcal infection) and acute poliomyelitis in 1912. In that year also, tuberculosis in all its forms was made notifiable. In the next few years ophthalmia neonatorum, malaria (contracted in this country), dysentery, acute primary pneumonia and acute influenzal pneumonia became notifiable. Subsequent additions have been encephalitis lethargica (now acute encephalitis), paratyphoid fever, food poisoning, whooping cough and measles.

Although some of the original diseases have disappeared from this country and others have ceased to be a public health problem, they remain notifiable, whilst other common infections—influenza, mumps, chicken pox, german measles, etc.—are not notifiable except in special circumstances. From time to time chicken pox has been temporarily notifiable in areas where there have been cases of smallpox. German measles is exceptional in that it was made notifiable together with measles during the First World War. In 1939, measles was made notifiable but not german measles. This. of course, does not prevent any local authority, with the approval of the Minister of Health, making chicken pox or german measles or any other disease notifiable in its own area. The only disease notifiable in Bedfordshire but not nationally is "Jaundice". This was made compulsorily notifiable in November, 1943 in the region roughly comprising East Anglia in order to facilitate the work of a Committee appointed by the Medical Research Council. "Jaundice" in this context covers catarrhal jaundice (infective hepatitis), acute inflammation of the liver, acute necrosis of the liver, toxic jaundice and infective jaundice.

Notification is a responsibility both of the doctor attending the patient and the person responsible for him, but in practice notification has only ever been required from the doctor. This means that figures relating to notifications refer only to cases in which medical assistance has been sought. Investigations have shown that completeness of notification varies considerably according to the nature of the disease, being fairly complete for the more serious diseases like poliomyelitis and falling away until in the case of dysentery it is only fractional.

Notifications are made to the Medical Officers of Health for the County Districts, and they in turn inform the County Medical Officer. In addition, they submit quarterly returns, in which the figures are corrected for any changes in diagnosis and are, therefore, assumed to relate to confirmed cases. Table VII has been compiled from those quarterly returns. In considering the figures it must be remembered that while those for the more serious diseases are likely to be a true indication of incidence, the others tell only part of the story. This is not to say that the figures are without value. Even with partial notification it is possible to follow the trends of the various diseases both in time and place.

TABLE VII—NUMBER OF CASES OF NOTIFIABLE DISEASES NOTIFIED AND CONFIRMED IN EACH DISTRICT OF THE ADMINISTRATIVE COUNTY, 1966

	Ampthill		Bedford		Biggleswade		Dunstable Borough	Kempston Urban	Leighton—Linslade Urban	Luton Rural	Sandy Urban	TOTALS
	Urban	Rural	Borough	Rural	Urban	Rural						
Acule Encepalitis ..	—	—	—	1	—	—	—	—	—	—	—	1
Scarlet Fever	—	26	51	19	—	14	3	9	11	7	1	141
Whooping Cough ..	—	10	36	16	1	—	26	5	42	53	—	189
Measles	2	180	547	124	172	218	557	193	205	522	2	2,722
Poliomyelitis—												
Paralytic	—	1	—	—	—	—	—	—	—	—	—	1
Non-Paralytic ..	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	1	—	—	—	1	—	—	—	—	2
Erysipelas	—	—	2	4	—	2	—	—	—	—	—	8
Acute Pneumonia—												
(Primary or Infl.) ..	—	—	24	5	1	5	4	1	—	—	1	41
Typhoid Fever	—	—	2	—	—	—	—	—	—	—	—	2
Paratyphoid Fever ..	—	—	1	—	—	—	—	—	—	—	—	1
Dysentery	—	1	32	6	—	—	—	3	5	19	1	67
Food Poisoning ..	—	3	5	5	—	2	4	1	—	1	—	21
Infective Hepatitis (in-												
cluding Jaundice) ..	—	9	106	11	1	6	8	4	3	—	22	170
Puerperal Pyrexia ..	—	—	133	1	—	1	1	1	—	3	—	140
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	3	—	3
Tuberculosis—												
Respiratory	2	3	23	5	2	12	7	1	4	5	1	65
Meninges and C.N.S.	—	—	1	—	—	—	—	—	—	—	—	1
Other	—	1	5	1	—	—	1	—	2	1	—	11
TOTALS ..	4	234	969	198	177	260	612	218	272	614	28	3,586

Three-quarters of the 3,586 cases of infection notified in 1966 were of measles. As in the previous five years, there were over two thousand notifications of this disease in the area of the Administrative County.

Whooping cough, on the other hand, is far less prevalent than formerly. Only once since 1958 has the number of cases notified in the area of the Administrative County exceeded two hundred and that was in 1964 when there were 219 notifications.

Infective hepatitis (" Jaundice ") appears to occur in cycles and there were 170 notifications in 1966 compared with 56 in 1965. Previous peak figures were 113 in 1961, 141 in 1957 and 140 in 1950.

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 had to be 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; the changeover from injection to oral administration of poliomyelitis vaccine helped still further. The time-table for injections was set out in the Report for 1965 and has not changed.

Smallpox

All routine vaccination against smallpox is undertaken by general practitioners. Table VIII gives the number of children in various age-groups vaccinated during 1966. Although there was a drop of 106 in the number of one-year old babies vaccinated, the number of children aged 2-4 years who were vaccinated increased by 436, and of those aged 5-15 years by 368.

TABLE VIII—NUMBER OF CHILDREN VACCINATED OR REVACCINATED, 1966, BY AGE-GROUPS

Age at date of vaccination	Vaccinated	Revaccinated
0-	201	—
1-	1,180	3
2-4	1,229	15
5-15	493	273
Total	3,103	291

Diphtheria, Whooping Cough and Tetanus

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 1966 are given in Tables H and I of Appendix II. Of children born in 1965, 73.1 per cent had been protected against diphtheria by the end of 1966.

Poliomyelitis

After three years without a single case of poliomyelitis, one child in Ampthill Rural District was notified in 1966 as having paralytic poliomyelitis. Although the clinical symptoms were consistent with a mild attack the bacteriological report was negative.

Details of the number of children who received protection against poliomyelitis in 1966 are given in Table H and I of Appendix II. By the end of the year, 69.1 per cent of children born in 1965 had been vaccinated.

Measles

Although a vaccine is now available to give protection against measles, its use in local health authority clinics has not so far been recommended by the Ministry of Health. The vaccine is still the subject of trials by the Medical Research Council and Bedford Borough is one of the areas selected for the purpose.

Tuberculosis

Although the post-war era has seen a dramatic reduction in the mortality from respiratory tuberculosis, the disease still occurs and every effort must still be made to combat it. The County Council have a scheme for giving protection against tuberculosis by means of B.C.G. vaccination to children in their last year at school and 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 1966, the number of schoolchildren and students skin tested was 3,890 of whom 3,343 were found to be negative. All but 32 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 651 contacts were skin tested and 238 were found to be positive. Of those that were negative 181 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 more 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 County Borough.

Of the 31 males reported as new cases of syphilis in 1966, 15 had either the primary or secondary form of the disease. All but four of these were aged 25 years or over. None was under 20 years of age. Similarly of 16 females with primary or secondary syphilis, three were aged 20-24 years and the remainder were 25 years or over.

Nearly two-thirds (141) of the males with gonorrhoea were 25 years or over; 60 were aged 20-24 years; and the remainder were aged 16-19 years. In females, on the other hand, less than half (24) were 25 years or over; 19 were aged 20-24 years; 11 were aged 16-19 years; and two were under 16 years of age.

TABLE IX—NEW CASES OF VENEREAL DISEASE TREATED AT SPECIAL CLINICS IN BEDFORDSHIRE, 1950-66

	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
1966	31	16	225	56	572	354

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 excluding 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 other provisions of the Act are enforced by the district councils.

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 the 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 Island milk the fat content must be at least 4 per cent. The standards are low and most milks today 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 Island milk taken during 1966 was 4.7 and of other milk 3.8.

TABLE X—MONTHLY AVERAGE FAT CONTENT OF UNADULTERATED SAMPLES OF MILK, 1966

	Channel Islands Milk		Other Milk		All Milk	
	No. of samples	Milk fat %	No. of samples	Milk fat %	No. of samples	Milk fat %
January ..	5	4·6	18	3·9	23	4·1
February ..	8	4·8	24	4·2	32	4·3
March ..	12	4·5	22	3·7	34	4·0
April ..	6	4·6	24	3·7	30	3·9
May	6	4·2	21	3·7	27	3·7
June	11	4·6	28	3·7	39	3·9
July	3	4·3	17	3·9	20	3·9
August ..	2	4·1	12	4·1	14	4·1
September ..	8	5·1	26	3·7	34	4·0
October ..	7	4·7	23	3·9	30	4·1
November ..	9	4·9	25	3·9	34	4·2
December ..	6	5·0	15	3·9	21	4·2
TOTALS ..	83	4·7	255	3·8	338	4·0

Altogether 342 samples of milk were submitted for analysis. Of these, two were deficient in milk-fat, one was deficient in fat and contained added water, and one contained added water. The producers in the cases where water was found were warned. In the case where fat was also deficient it was discovered that there was a fault in the milk cooler. Further samples in all cases were satisfactory.

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, 30 routine samples were taken at the only pasteurising plant in the County area. One gave an unsatisfactory result and a further sample was taken which was satisfactory. A close watch was kept on milk supplied to children attending maintained schools in the County Area. Of 205 samples taken, only four were unsatisfactory and in each case a follow-up sample was satisfactory. In addition 189 samples of milk were taken from retailers (including vans and vending machines) and of these four were unsatisfactory. Further samples were taken in these cases and were satisfactory.

Close watch is kept on untreated milk for the presence of brucella abortus. The 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.

During the year, samples of untreated milk indicated the presence of brucella abortus at two farms. Further samples enabled the infected cows to be isolated. At a third farm, all the cows were tested at the request of the farmer who wanted to ensure that his herd was free from brucella. One cow was found to be infected and was isolated. As a routine, samples of milk awaiting pasteurisation are also examined for brucella. Altogether, out of 705 samples of untreated milk, the organism was found on 71 occasions. Nearly all the positive samples taken at the dairy originated from one herd.

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, 123 of the samples of untreated milk already mentioned were tested for tuberculosis by guinea pig inoculation. They were all free from infection.

Nearly one thousand of all the milk samples, pasteurised and untreated, sent to the Public Health Laboratory were examined for the presence of antibiotics. In no case was any antibiotic detected.

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, 27 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 6.2 per cent to 14.0 per cent, with an average of 9.5 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 32 formal and 382 informal samples of food and drugs, other than milk and ice-cream, taken and analysed during the year. In 15 instances an irregularity was disclosed, details of which are given in Table J of Appendix II. On no occasion was it necessary to take legal proceedings.

In addition to routine sampling, complaints by members of the public were investigated and in a number of cases articles were submtted for analysis. Three complaints concerned dirty milk bottles and in two cases the dairyman was successfully prosecuted. A fine was also imposed on a dairyman who had supplied a bottle of school milk which contained broken glass. Two bakers were prosecuted and fined—one for selling bread containing a piece of slicer blade and the other for supplying a mouldy sausage roll. Three other complaints concerned labelling and appropriate action was taken.

A less usual complaint came from a medical practitioner who submitted a child's toy milk feeding bottle imported from Hong Kong. A small child patient had bitten through the bottle and swallowed the milky fluid contents. The analyst reported that the fluid was a non-sterile oil-in-water emulsion and that the plastic container burnt readily but not violently. There was no contravention of any existing regulations.

MERCHANDISE MARKS

During the year, 274 formal visits were made to shops, stalls and vans. In 52 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 collecters 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. In the County area the number of licences in force at the 31st December, 1966 was 30. All the premises were inspected during the year.

STAFF MEDICAL EXAMINATIONS

In addition to duties in connection with maternity and child welfare and the school health services, 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 400 persons were examined in 1966. In many cases, an examination is not required if the candidate can furnish a satisfactory statement of health. These statements of which there were 488 in 1966 are scrutinised by a medical officer.

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. Taking the County as a whole, one new home was registered during the year and three closed down so that there were four registered at the 31st December. Two of them were in Bedford Borough.

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 91 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 301 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-operatio 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, continued and this is much appreciated.

A new class commenced training at Ampthill during the year in preparation for the Standard Test. Members who had already passed the Standard and Advanced Tests joined with other Sections in a syllabus of Combined Training. The subjects chosen were common to all Sections and guest speakers were invited from Civil Defence Headquarters, Police and Fire Services, the County Health Department and local hospitals.

Nine members of the Ambulance and First-aid Section were awarded the Civil Defence Long Service Medal by the Secretary of State.

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 74 blind persons who were registered in the County area in 1966 have been examined and details are given in Table K (Appendix II). At the end of the year, the number of blind persons in the County area was 421, comprising 163 men, 247 women, and 11 children.

Three infants were notified as suffering from *Ophthalmia Neonatorum* during the year. All made a complete recovery.

APPENDIX I

THE REGISTRATION OF NURSERIES AND CHILD MINDERS

THE NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948

Care of children by the day or a substantial part thereof is governed by the Nurseries and Child-Minders Regulation Act, 1948, which requires "Persons" or "Premises" to be registered by the Local Health Authority.

Arrangements which entail registration may fall into the following two groups : —

1. Persons who for reward receive into their homes more than two children under the age of five to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days.
2. 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.

Standards for Registration

It is recommended that consideration of an application for registration in cases 1 and 2 should be based on the following standards : —

1. The home or nursery should provide an available floor space of at least 30 square feet for each child, exclusive of the number of adults to be present.

2. There should be an appropriate number of responsible attendants as follows : —

For children under two years of age— a ratio of one attendant/four children.	(i) In the case of persons, inclusive of applicant's own children.
For children under three years of age— a ratio of one attendant/six children.	
For children over three years of age— a ratio of one attendant/eight children.	(ii) In the case of premises, exclusive of domestic staff.

Where children of differing age groups are to be looked after the age of the youngest child shall normally determine the ratio to be applied except in cases where this would require an obviously excessive number of attendants.

3. In the case of premises there should at all times be a senior person in charge who has some experience in the care of children to the satisfaction of the County Medical Officer of Health.

4. There should be an appropriate number of W.C.'s available and these should be in the same ratio to the number of children as the number of attendants in 2 above, except that where daily sessions do not exceed a period of 3 hours a ratio of one W.C. to 12 children is considered sufficient.

5. There should be a supply of hot water and running cold water to one washbasin for every four children provided that plastic bowls may be used if necessary one among four children so long as there is at least one washbasin with running cold water.

6. There should be facilities for hanging up and drying outdoor clothes, and these should not be in the room occupied by the children.

7. There should be provided for each child a separate towel, facecloth and comb.

8. Arrangements for the preparation and storage of food and drink and also washing-up should be provided outside the rooms occupied by the children, for whom there should be adequate dining facilities where the children remain over the luncheon period.

9. Where there are children under two years of age, or children over two who are not toilet trained, adequate facilities for changing and storing soiled clothes should be available.

10. The home or premises should give adequate storage space and ventilation, and protection against fire and other common dangers.

11. There should be adequate storage facilities for the needs of the children for toys, prams, etc. as the case may be.

12. The heating to be fairly consistent and ideally between 60°-65° F.

Requirements

The County Council have power under Section 2 of this Act to impose requirements in connection with registration. The requirements which may be imposed depend upon whether the registration is of persons under Group 1 above or premises under Group 2 above. It is recommended the following should be adopted as standard requirements, though it will be appreciated that these may be varied in any particular case.

Requirements appropriate to Group 1

1. Number of children to be received by the applicant together with any other children in his home—this will vary in each case, the number relating to the available floor space and other matters set out in the standards.

2. That no child known to be suffering from any infectious disease shall be admitted to the home and that any case of infectious

disease or any contact with infectious disease shall be reported immediately to the County Medical Officer of Health. (The relevant provision of the Act is that the Authority may require the taking of precautions against the exposure of the children received in the premises to infectious diseases).

Requirements appropriate to Group 2

1. Number of children—this will vary in each case to relate to the available floor space and other matters set out in the standards.

2. That the premises and the persons employed thereat shall at all times be in the charge of a person holding a qualification acceptable to the County Medical Officer of Health.

3. That the premises shall be adequately staffed (an appropriate number of attendants can be specified in accordance with standard 2).

4. That a register of names and addresses of children shall be kept.

5. That no child known to be suffering from any infectious disease shall be admitted to the premises and that any case of infectious disease or any contact with infectious disease shall be reported immediately to the County Medical Officer of Health. (The relevant provision of the Act is that the Authority may require the taking of precautions against the exposure of the children received in the premises to infectious diseases).

6. That at all times the premises and equipment thereof shall be adequately maintained.

APPENDIX II

STATISTICAL TABLES

TABLE A—NUMBER OF BIRTHS, INFANT DEATHS AND STILLBIRTHS REGISTERED DURING 1966 (SUBDIVIDED ACCORDING TO LEGITIMACY), TOGETHER WITH THE APPROPRIATE RATES FOR EACH OF THE COUNTY DISTRICTS

DISTRICTS	LIVE BIRTHS					DEATHS OF INFANTS UNDER 1 YEAR OF AGE				STILLBIRTHS			
	Legitimate	Illegitimate	Total	Crude Rate per 1,000 Home Pop.	Adjusted Rate	Legitimate	Illegitimate	Total	Rate per 1,000 live births	Legitimate	Illegitimate	Total	Rate per 1,000 total births (live and still)
URBAN:													
Ampthill	80	3	83	18·1	17·6	—	—	—	—	—	—	—	—
Bedford M.B. ..	1,325	150	1,475	21·9	20·1	23	4	27	18·3	20	2	22	14·7
Biggleswade ..	143	11	154	17·8	18·6	2	—	2	13·0	—	—	—	—
Dunstable M.B. ..	653	32	685	23·8	20·5	8	1	9	13·1	7	1	8	11·5
Kempston	208	8	216	19·5	20·3	4	—	4	18·5	2	—	2	9·2
Leighton—Linslade	395	21	416	23·3	21·2	5	1	6	14·4	5	1	6	14·2
Sandy	76	5	81	17·7	18·4	—	—	—	—	—	—	—	—
TOTALS ..	2,880	230	3,110	21·8	20·2	42	6	48	15·4	34	4	38	12·1
RURAL:													
Ampthill	654	22	676	22·2	22·9	9	1	10	14·8	9	—	9	13·1
Bedford	634	37	671	19·2	18·6	8	2	10	14·9	7	1	8	11·8
Biggleswade ..	651	22	673	20·9	21·7	9	1	10	14·9	4	—	4	5·9
Luton	692	35	727	20·8	17·3	10	—	10	13·8	8	—	8	10·9
TOTALS ..	2,631	116	2,747	20·7	19·9	36	4	40	14·6	28	1	29	10·4
GRAND TOTALS ..	5,511	346	5,857	21·3	20·0	78	10	88	15·0	62	5	67	11·3

Cause of Death	Administrative County	Ampthill	Bedford	Biggleswade	Dunstable	Kempston	Leighton – Linslade	Sandy	TOTAL	Ampthill	Bedford	Biggleswade	Luton	TOTAL
1. Tuberculosis, Respiratory	6	—	1	—	1	—	—	—	2	1	1	1	1	4
2. Tuberculosis, Other	1	—	1	—	—	—	—	—	1	—	—	—	—	—
3. Syphilitic Disease	6	—	2	—	—	—	1	—	3	—	2	1	—	3
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	1	—	—	—	1	—	—	—	1	—	—	—	—	—
6. Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	8	—	2	—	1	—	—	1	4	2	1	1	—	4
Malignant Neoplasm—														
10. Stomach	50	—	15	1	4	2	3	2	27	4	6	7	6	23
11. Lung, Bronchus	138	3	28	4	12	6	8	2	63	19	26	17	13	75
12. Breast	51	2	11	3	3	3	3	—	25	5	7	9	5	26
13. Uterus	17	—	3	—	2	3	1	—	9	1	2	2	3	8
14. Other Malignant and Lymphatic Neoplasms	234	7	63	8	20	6	21	5	130	30	29	23	22	104
15. Leukaemia, Aleukaemia	10	1	1	—	2	—	—	—	4	1	1	3	1	6
16. Diabetes	18	—	5	—	1	—	1	—	7	3	6	2	—	11
17. Vascular Lesions of Nervous System	462	13	106	16	30	28	29	3	225	57	80	46	54	237
18. Coronary Disease, Angina	552	20	131	22	52	22	33	12	292	67	74	55	64	260
19. Hypertension with Heart Disease ..	41	3	9	2	2	1	2	1	20	2	3	12	4	21
20. Other Heart Disease	207	7	39	4	21	12	13	3	99	29	24	33	22	108
21. Other Circulatory Disease	84	1	25	6	8	—	4	—	44	9	14	9	8	40
22. Influenza	17	—	6	3	1	2	—	—	12	—	1	3	1	5
23. Pneumonia	164	7	36	1	9	8	11	2	74	16	16	39	19	90
24. Bronchitis	155	2	48	8	7	9	6	5	85	15	14	22	19	70
25. Other Diseases of Respiratory System	18	—	2	1	2	1	2	—	8	2	2	5	1	10
26. Ulcer of Stomach and Duodenum ..	17	—	6	1	2	—	—	1	10	1	2	2	2	7
27. Gastritis, Enteritis and Diarrhoea ..	21	1	5	2	2	2	1	—	13	3	5	—	—	8
28. Nephritis and Nephrosis	13	—	—	2	1	—	—	—	3	1	5	1	3	10
29. Hyperplasia of Prostate	12	—	1	—	2	1	—	1	5	1	2	2	2	7
30. Pregnancy, Childbirth, Abortion ..	2	—	1	—	—	—	—	—	1	—	—	1	—	1
31. Congenital Malformations	25	1	3	1	3	2	2	—	12	2	3	2	6	13
32. Other Defined and Ill-defined Diseases	226	1	61	10	19	7	9	—	107	16	32	48	23	119
33. Motor Vehicle Accidents	36	1	9	—	3	2	1	1	17	6	6	5	2	19
34. All Other Accidents	52	—	15	—	4	3	3	—	25	8	4	9	6	27
35. Suicide	15	—	7	—	1	1	—	—	9	2	1	2	1	6
36. Homicide and Operations of War ..	1	—	1	—	—	—	—	—	1	—	—	—	—	—
Totals: All Causes	2,660	70	643	95	216	121	154	39	1,338	303	369	362	288	1,322

Table C—Causes of Death in Urban and Rural Areas, 1966, Divided according to Sex and Age

Cause of Death	Urban Districts																Rural Districts															
	Males									Females									Males									Females						
	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total
1. Tuberculosis, Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	—	—	—	—	—	2	1	1	4	—	—	—	—	—	—	—	—	—
2. Tuberculosis, Other	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	3	—	—	—	—	—	—	—	—	—
3. Syphilitic Disease	—	—	—	—	—	1	1	—	2	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	—	—	—	—	—	—	1	—	1	—	1	—	1	1	—	—	—	3	—	—	—	—	1	—	2	—	3	—	—	—	—	—	—	1	—	1
Malignant Neoplasm—																																				
10. Stomach	—	—	—	—	2	8	1	4	15	—	—	—	—	—	3	2	7	12	—	—	—	—	—	4	2	6	12	—	—	—	—	—	2	5	4	11
11. Lung, Bronchus	—	—	—	—	1	20	20	7	48	—	—	—	—	—	8	4	3	15	—	—	—	—	3	27	29	6	65	—	—	—	—	—	3	5	2	10
12. Breast	—	—	—	—	—	1	—	—	1	—	—	—	—	—	2	9	6	7	24	—	—	—	—	—	—	—	—	—	—	—	—	—	1	14	6	5	26
13. Uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	2	4	9	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	6	1	8
14. Other Malignant and Lymphatic Neoplasms	—	—	1	—	6	21	20	27	75	—	—	—	—	3	10	24	18	55	—	1	—	—	8	21	16	11	57	—	1	—	—	3	19	16	8	47
15. Leukaemia, Aleukaemia	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	4	—	—	—	—	—	1	2	—	3	—	—	—	—	—	—	2	1	3
16. Diabetes	—	—	—	—	—	—	2	1	3	—	—	—	—	—	1	1	2	4	—	—	—	—	1	—	1	4	6	—	—	—	—	—	1	—	4	5
17. Vascular Lesions of Nervous System	—	—	—	—	2	11	25	51	89	—	—	—	—	1	9	25	101	136	1	—	—	—	3	12	26	56	98	—	—	—	—	3	21	27	88	139
18. Coronary Disease, Angina	—	—	—	—	9	73	46	65	193	—	—	—	—	2	10	35	52	99	—	—	—	—	4	55	65	48	172	—	—	—	—	—	8	28	52	88
19. Hypertension with Heart Disease	—	—	—	—	—	2	1	5	8	—	—	—	—	—	—	1	11	12	—	—	—	—	—	—	4	2	6	—	—	—	—	—	2	6	7	15
20. Other Heart Disease	—	—	—	—	4	3	6	28	41	—	—	—	1	—	6	7	44	58	—	—	1	1	1	5	9	34	51	—	—	—	—	—	4	12	41	57
21. Other Circulatory Disease	—	—	—	—	—	4	9	7	20	—	—	—	—	2	3	6	13	24	—	—	—	—	2	5	5	9	21	1	—	—	—	—	—	4	14	19
22. Influenza	—	—	—	—	—	2	1	—	3	—	—	—	—	—	—	2	7	9	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	2	1	3
23. Pneumonia	1	2	—	—	1	5	3	19	31	4	—	—	—	—	2	8	29	43	4	—	1	—	—	5	7	24	41	—	1	—	—	1	4	6	37	49
24. Bronchitis	—	1	—	—	1	15	20	25	62	—	—	—	—	—	3	6	14	23	—	—	—	—	1	12	23	20	56	—	—	—	—	1	3	5	5	14
25. Other Diseases of Respiratory System	—	—	—	—	—	1	1	2	4	—	—	—	—	—	2	1	1	4	—	—	—	—	—	2	2	4	8	—	—	—	—	—	1	—	1	2
26. Ulcer of Stomach and Duodenum	—	—	—	—	—	—	2	3	5	—	—	—	—	—	—	—	5	5	—	—	—	—	—	1	3	2	6	—	—	—	—	—	—	—	1	1
27. Gastritis, Enteritis and Diarrhoea	3	1	—	—	—	1	—	1	6	1	1	—	—	—	1	2	2	7	—	2	—	—	—	2	—	—	4	—	—	—	—	—	—	1	3	4
28. Nephritis and Nephrosis	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	2	2	—	—	—	—	—	2	1	2	5	—	—	—	—	—	1	1	3	5
29. Hyperplasia of Prostate	—	—	—	—	—	1	1	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	6	7	—	—	—	—	—	—	—	—	—
30. Pregnancy, Childbirth, Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
31. Congenital Malformations	7	1	—	1	—	—	—	—	9	2	1	—	—	—	—	—	—	3	6	—	—	1	—	2	1	—	10	3	—	—	—	—	—	—	—	3
32. Other Defined and Ill-defined Diseases	18	—	1	1	1	4	12	12	49	10	—	—	—	5	9	10	24	58	16	—	1	3	4	8	11	21	64	9	—	—	—	10	9	27	55
33. Motor Vehicle Accidents	—	—	2	4	5	2	—	—	13	—	—	—	1	—	—	2	1	4	—	1	—	5	4	3	—	1	14	—	—	—	—	2	2	1	—	5
34. All Other Accidents	—	1	1	2	3	2	—	3	12	1	1	—	—	1	2	3	5	13	—	1	2	2	1	4	—	3	13	—	—	—	—	1	—	1	12	14
35. Suicide	—	—	—	—	1	2	1	—	4	—	—	—	—	1	1	3	—	5	—	—	—	—	1	3	1	1	6	—	—	—	—	—	—	—	—	—
36. Homicide and Operations of War	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals: All Causes	29	6	5	8	37	180	174	263	702	19	5	—	4	20	82	152	354	636	27	5	5	12	34	178	214	262	737	13	2	—	—	14	95	144	317	585

TABLE D—NUMBER OF PREMATURE BIRTHS NOTIFIED IN THE COUNTY DURING 1966. SHOWING WHERE BORN AND NURSED, AND SUBDIVIDED ACCORDING TO WEIGHT AND PERIOD OF SURVIVAL

	Born at Home or in Private Nursing Home														Born in Hospital						Grand Total
	Total	Nursed entirely at Home or in Nursing Home						Transferred to Hospital													
		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 4 lb. 15 oz.	Over 4 lb. 15 oz. to 5 lb. 8 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 4 lb. 15 oz.	Over 4 lb. 15 oz. to 5 lb. 8 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 4 lb. 15 oz.	Over 4 lb. 15 oz. to 5 lb. 8 oz.	TOTAL	
Died in first 24 hours ..	4	—	—	1	—	—	1	1	—	—	1	1	3	4	10	1	1	2	18	22
Died 2nd - 6th day ..	1	—	—	—	—	1	1	—	—	—	—	—	—	—	5	1	1	—	7	8
Died 7th - 27th day ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2	2
Survived 28 days ..	48	—	—	5	4	36	45	—	1	1	—	1	3	—	11	41	58	103	213	261
TOTALS ..	53	—	—	6	4	37	47	1	1	1	1	2	6	4	27	43	60	106	240	293

TABLE E—ATTENDANCES AND SESSIONS AT CHILD WELFARE CENTRES. 1966

Centre	Type of Premises	No. of children who attended during year born in			No of Sessions held by			No. of children referred elsewhere
		1966	1965	1961–64	Medical Officers	Health Visitors	Others	
Ampthill	R	92	109	115	25	26	—	6
Arlesey	R	83	82	24	21	28	—	2
Aspley Guise ..	R	38	35	18	22	3	—	—
Barton	R	140	167	54	67	8	—	10
Bedford—								
Barford Avenue ..	P	143	128	108	15	49	36	14
Brickhill ..	P	154	150	123	—	48	52	—
Denmark St. (1)	R	108	99	44	—	26	25	2
Harewood Road	R	74	39	74	—	26	26	8
Putnoe	P	259	244	194	—	51	48	18
Queen's Park (2)	P	100	101	62	—	25	26	2
Union Street ..	P	273	268	158	9	—	94	30
Biggleswade ..	A	143	133	99	47	3	—	7
Bromham	R	61	81	43	48	—	—	—
Caddington ..	R	63	115	59	21	27	—	3
Clapham	A	75	87	81	51	1	—	—
Clophill	R	19	24	43	11	1	—	—
Cranfield	R	56	66	98	16	12	—	2
Cranfield College ..	R	20	19	43	—	12	—	—
Dunstable	P	420	167	516	85	79	—	—
Dunstable Downside ..	R	115	95	46	12	40	—	—
Eaton Bray	R	49	37	44	25	1	—	—
Flitwick	R	134	122	80	29	28	1	—
Harlington	R	61	63	68	16	16	1	—
Harrold	R	35	17	36	—	10	13	—
Haynes	R	17	6	13	13	12	—	—
Heath and Reach ..	R	45	10	20	13	13	—	—
Henlow, R.A.F. ..	R	65	59	30	14	13	—	1
Henlow Village ..	R	36	14	14	12	14	—	3
Houghton Conquest	R	22	21	27	13	12	—	1
Houghton Regis ..	P	204	308	176	101	25	—	11
Ickwell	R	18	14	25	11	4	—	—
Kempston	R	206	287	189	77	21	—	—
Kensworth ..	R	19	20	30	13	13	—	—
Keysoe	R	18	40	39	12	—	—	—
Langford	R	68	49	30	11	15	—	—
Leighton Buzzard ..	P	200	208	110	73	80	—	16
Leighton Buzzard Brooklands ..	R	125	165	86	37	30	2	11
Lidlington ..	R	89	86	51	12	14	—	2
Linslade	R	74	79	24	24	1	—	1
Carried forward		3,926	3,814	3,094	956	787	324	150

Centre	Type of Premises	No. of children who attended during year born in			No. of Sessions held by			No. of children referred elsewhere
		1966	1965	1961–64	Medical Officers	Health Visitors	Others	
Brought forward		3,926	3,814	3,094	956	787	324	150
Marston Moretaine	R	28	22	53	13	13	—	6
Marston Shelton ..	R	20	19	26	13	13	—	2
Maulden	R	39	48	52	13	13	—	—
Potton	R	54	65	27	24	2	—	4
Ravensden ..	R	35	9	9	13	—	—	—
Ridgmont	R	10	16	21	13	—	—	—
Riseley	R	22	15	27	13	—	—	—
Sandy	P	105	90	18	35	2	—	7
Sharnbrook ..	R	37	40	30	10	5	—	—
Shefford ..	R	138	123	71	26	26	—	8
Shillington	R	46	50	25	13	16	—	—
Shortstown (3) ..	R	10?	71	42	12	14	—	1
Slip End	R	44	31	32	18	6	—	4
Stevington ..	R	8	8	20	13	—	—	—
Stewartby	R	6	8	20	13	14	—	—
Stotfold (4) ..	P	91	94	58	24	23	—	2
Studham	R	11	17	40	11	14	—	1
Thurleigh (5) ..	R	15	24	18	9	—	—	—
Tilsworth ..	R	12	20	23	12	13	—	—
Toddington ..	R	117	118	47	48	—	—	3
Turvey	R	17	15	6	7	—	3	—
Westoning ..	R	22	5	11	12	14	—	—
Wilstead	R	35	8	3	11	2	—	—
Woburn	R	33	19	39	13	13	—	—
Wootton	R	60	9	5	11	15	—	2
Wymington ..	R	5	27	27	13	—	—	—
TOTALS ..		5,038	4,785	3,844	1,369	1,005	327	190

NOTE: Type of premises P—purpose-built.
A—adapted.
R—occupied on sessional basis.

(1) From 7.1.66. Formerly at Goldington.
(2) Moved to purpose-built premises 1.8.66.
(3) Formerly Cardington.
(4) Moved to purpose-built premises 18.4.66.
(5) Closed 28.9.66.

TABLE F—TREATMENT OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE PROVIDED AT DENTAL CLINICS DURING 1966

	Examined	Treatment commenced during year	Courses of Treatment completed during year	Extractions (teeth)	General Anaesthetics	Fillings	Scalings and gum treatment	Silver nitrate treatment	Crowns or Inlays provided	Radiographs	Dentures provided	
											Complete	Partial
BEDFORD—												
Expectant and nursing mothers ...	6	8	1	2	—	9	—	—	—	1	1	1
Children under 5	137	69	61	135	50	13	10	74	—	2	—	—
BIGGLESWADE—												
Expectant and nursing mothers ...	—	—	—	—	—	—	—	—	—	—	—	—
Children under 5	24	21	16	14	9	6	2	15	—	—	—	—
DUNSTABLE—												
Expectant and nursing mothers ...	24	30	21	41	10	45	16	—	1	3	11	9
Children under 5	223	196	169	141	54	163	42	166	—	—	—	—
HOUGHTON REGIS—												
Expectant and nursing mothers ...	12	11	4	16	—	7	5	—	1	1	—	—
Children under 5	210	119	97	121	46	285	2	8	—	5	—	—
LEIGHTON BUZZARD—												
Expectant and nursing mothers ...	31	32	29	20	10	38	18	—	—	2	1	2
Children under 5	133	89	75	105	59	130	3	13	—	—	—	—
TOTALS—												
Expectant and nursing mothers ...	73	81	55	79	20	99	39	—	2	7	13	12
Children under 5	727	494	418	516	218	597	59	276	—	7	—	—

TABLE G—SEX-AGE DISTRIBUTION OF MENTALLY SUBNORMAL PERSONS ATTENDING TRAINING CENTRES AND ADULT TRAINING WORKSHOPS AT 31ST DECEMBER, 1966, 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 ..	10	3	—	—	10	3	13
„ County area ..	17	7	—	—	17	7	24
	27	10	—	—	27	10	37
DUNSTABLE JUNIOR TRAINING CENTRE, RIDGEWAY AVE.							
From Luton County Borough	22	16	—	—	22	16	38
„ County area ..	11	11	—	—	11	11	22
	33	27	—	—	33	27	60
BEDFORD ADULT TRAINING WORKSHOP							
From Bedford Borough ..	—	1	6	11	6	12	18
„ County area ..	3	—	13	17	16	17	33
	3	1	19	28	22	29	51
LUTON ADULT TRAINING WORKSHOP							
From County Area ..	—	—	15	14	15	14	29
Total attending in County ..	63	38	34	42	97	80	177
Other Centres outside	1	1	1	—	2	1	3
ON WAITING LIST							
Bedford Borough ..	—	1	2	—	2	1	3
Rest of North Beds. ..	3	2	—	—	3	2	5
Luton County Borough ..	—	3	—	—	—	3	3
Rest of South Beds. ..	2	1	—	—	2	1	3
Total waiting ..	5	7	2	—	7	7	14

TABLE H—NUMBER OF CHILDREN WHO RECEIVED PRIMARY PROTECTION AGAINST DIPHTHERIA, TETANUS, WHOOPING COUGH AND POLIOMYELITIS DURING 1966

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
1. Quadruple DTPP ..	—	—	—	—	—	—	—
2. Triple DTP	2,250	2,554	215	71	125	9	5,224
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	5	19	12	5	245	59	345
5. Diphtheria	—	2	2	—	12	6	22
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	1	1	47	49
8. Salk	—	—	—	—	—	—	—
9. Sabin	2,443	3,097	406	129	531	151	6,757
10. Lines 1+2+3+4+5 (Diphtheria)	2,255	2,575	229	76	382	74	5,591
11. Lines 1+2+3+6 (whooping cough)	2,250	2,554	215	71	125	9	5,224
12. Lines 1+2+4+7 (Tetanus)	2,255	2,573	227	77	371	115	5,618
13. Lines 1+8+9 (Polio)	2,443	3,097	406	129	531	151	6,757

TABLE I—NUMBER OF CHILDREN WHO RECEIVED REINFORCING DOSES DURING 1966

	Year of birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
1. Quadruple DTPP ..	—	—	—	—	—	—	—
2. Triple DTP	4	1062	741	135	497	56	2,495
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	9	29	15	2,234	958	3,245
5. Diphtheria	—	2	1	—	647	1,157	1,807
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	5	35	40
8. Salk	—	—	—	—	—	—	—
9. Sabin	2	662	581	155	3,055	1,337	5,792
10. Lines 1+2+3+4+5 (Diphtheria)	4	1073	771	150	3,378	2,171	7,547
11. Lines 1+2+3+6 (whooping cough)	4	1062	741	135	497	56	2,495
12. Lines 1+2+4+7 (Tetanus)	4	1071	770	150	2,736	1,049	5,780
13. Lines 1+8+9 (Polio)	2	662	581	155	3,055	1,337	5,792

TABLE J—DETAILS OF UNSATISFACTORY SAMPLES OF FOOD, WITH ACTION TAKEN, 1966

Article	Sample No.	Nature of adulteration or irregularity	Action taken
Beef curry with rice	1066 (informal)	Meat content only 22%. Should not be less than 35%.	No further action taken in view of possible publication of standards in the near future
Cream doughnuts	1247 (informal)	Contained imitation cream	Shopkeeper warned about exhibiting conflicting notices
Boned chicken in chicken jelly	1250 (informal)	Meat content only 69%. Should contain not less than 80%.	See formal sample No. 1273
Boned chicken in chicken jelly	1273 (formal)	Meat content only 68%. Should be 80%.	Importers agreed to bring meat content to required standard
Fruit salad in syrup	1264 (informal)	List of ingredients not in correct order	Impossible to take formal sample as further supplies unobtainable
Fruit salad in heavy syrup	1267 (informal)	List of ingredients not in correct order	Formal sample proved to be genuine
Boned chicken in chicken jelly	1274 (informal)	Meat content only 71%. Should be 80%.	Importers agreed to bring meat content to required standard
Pork luncheon meat	1296 (informal)	Meat content only 75%. Should be 80%.	See formal sample No. 1301
Pork luncheon meat	1301 (formal)	11.2% deficient in meat content	Written caution sent. Importers agreed to take necessary action to increase meat content
Pork luncheon meat	4959 (informal)	Meat content only 71%.	Formal sample taken which was satisfactory
Antipasto	1085 (informal)	Labelling unsatisfactory	Importers agreed to discontinue imports
Fruit salad in heavy syrup	1166 (informal)	List of ingredients incorrect	Amended label now in use
Shandy	1100 (informal)	Proof spirit only 0.8%. Should be at least 1%	Formal sample proved to be genuine
Fruit salad in syrup	1321 (formal)	List of ingredients not in correct order	Matter raised with importers who are negotiating with Spanish manufacturers
Herring fillets in tomato sauce	4991 (informal)	Article labelled entirely in German	Amended labels in English now in use

TABLE K—CAUSES OF BLINDNESS IN CERTAIN PERSONS REGISTERED IN THE COUNTY AREA, 1966, AND TREATMENT RECOMMENDED

	Cause of Disability						Total
	Cataract	Glaucoma	Retrolental Fibroplasia	Diabetes	Senile Macular Degen.	Other	
No. of cases in which no treatment recommended	9	3	—	5	15	14	46
No. of cases in which treatment recommended:							
(i) Medical	—	2	—	2	1	3	8
(ii) Surgical	14	1	—	—	—	2	17
(iii) Optical	1	—	—	—	1	1	3
TOTAL	24	6	—	7	17	20	74
No. of cases who received treatment:							
(i) Medical	—	2	—	2	1	3	8
(ii) Surgical	6	1	—	—	—	—	7
(iii) Optical	1	—	—	—	1	1	3