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CORNWALL COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1948

R. N. CURNOW, M.B., B.S., D.P.H.

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HEALTH COMMITTEE

(as constituted at 31st December, 1948)

Chairman

W. G. GOODFELLOW

Vice-Chairman:

Mrs. M. F. WILLIAMS

Members:

Mrs. M. T. ANDREWS	J. A. MOYLE
Mrs. A. M. BLACKWOOD	A. T. OPIE
J. DANIEL	W. J. ORCHARD
T. B. EDDY	R. G. PAYNTER
Miss E. H. P. GRYLLS	J. C. PENBERTHY
J. H. B. HARRIS	W. J. T. PETERS
W. J. JOHNS	W. S. RASHLEIGH
H. B. LAITY	A. J. ROBERTS
Mrs. P. LANYON	E. SPURWAY
N. S. LYNE	W. SYMONS
W. E. MILLER	P. M. WILLIAMS

Representatives of Area Sub-Committees:

Area I ... C. E. PEARCE	Area IV E. G. LILLEY
Area II Mrs. L.E. WILLS	Area V S. M. NORTHEY
Area III Dr. E. H. EASTCOTT	Area VI J. SETCHELL
Area VII—D. P. PEACOCK.	

Co-Opted Members:

Dr. I. W. HORSLEY	... British Red Cross Society.
Miss MARGARET SMITH	... Cornwall County Nursing Association
Dr. W. L. STEWART	... St. John Ambulance Brigade.
Dr. W. LESLIE	... Local Medical Committee.
The VISCOUNT CLIFDEN	... { Mental Health.
Miss J. A. FOSTER	... }

Ex Officio:

- The Chairman of the County Council.
- The Vice-Chairman of the County Council.
- The Chairman of the Finance Committee.

To the Chairman and Members of the Cornwall County Council.

My Lord, Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the County of Cornwall during the year 1948.

This was a notable year in the history of the Public Health Services of the country. After 100 years steady growth, concentrating in the first instance upon environmental hygiene, developing later an emphasis upon personal Health Services, and finally undertaking the responsibility for large Treatment Services, a rapid adjustment was made by the National Health Service Act which came into operation on 5th July, 1948. The heavy load of Treatment Services which had obscured the opportunities for true preventive medicine was removed by the provisions of this Act from the shoulders of County Councils, which in future were to concentrate their attention upon personal Health Services and the prevention of avoidable disease.

So much more is known now about the causation of disease, and so much more is understood of the methods of investigation into the aetiology of illness that it is impossible to set a limit to the amount of useful work which can now be undertaken by County Health Departments. Many of the new Services placed upon County Councils are of the utmost value to those who are already suffering from illnesses of various kinds, but their essential function above all others is that of determining the cause of illness and the rapid application of measures to prevent it. In this matter success depends not only upon an imaginative grasp of the problem, but also upon a high degree of co-operation with other branches of the new Health Services; Hospitals have a mass of information about the incidence of illness, and the General Medical Practitioner, in constant touch with the patient at home, can play an essential part in field research work. It is pleasing to record the interest and enthusiasm in this County shown both by those in Hospital work and those in General Practice. We have received an overwhelming offer of assistance from both sources in connection with a survey into rheumatic diseases. There is no end to the possibilities for fruitful research work when the Medical Profession is as united in this matter as it is in Cornwall.

The sudden change in administrative arrangements which took place on the Appointed Day was fraught with danger. The day and change passed surprisingly smoothly. The danger was well recognised and overcome

by a determination on the part of all concerned to combine, with good will and tolerance, in order to see that the Services in the course of their transfer did not fail to provide all that was necessary. Much still remains to be done before the Service can pretend to be a complete one, but the early months of the Service gave promise of steady development.

During the year the health of the County continued to improve. The Infant Mortality rate fell to a new low record of 34 per thousand live births. The Maternal Mortality rate at 1.27 per thousand births was, with one exception, the lowest on record, and the quinquennial average Maternal Mortality rate, which is used to avoid violent fluctuations from year to year, was the lowest ever recorded.

A further step in Health Education was taken during the year by the appointment of Dr. Annie Mather to take charge of the Maternity and Child Welfare Services, and to build up an efficient system of health education in the County. Dr. Mather has co-ordinated the Health Education Services, and has given talks on many occasions, illustrated by cinematograph films.

The other outstanding occurrence during the year was the receipt of the "Gardiner Report" on water supplies. Consideration of the possibilities of the De Lank source continued during the year.

I repeat my acknowledgment of the help and consideration I have received from the Chairman and members of my Committee, both collectively and individually, and the loyal assistance I have received from my staff.

I am,

Your obedient Servant,

R. N. CURNOW,

County Medical Officer.

November, 1949.

CORNWALL COUNTY COUNCIL

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1948.

PUBLIC HEALTH OFFICERS:

County Medical Officer of Health and School Medical Officer:

R. N. CURNOW, M.B., B.S., D.P.H.

Deputy County Medical Officer and Deputy School Medical Officer:

E. R. HARGREAVES, M.A., M.D., B.Ch., D.P.H.

Assistant County Medical Officer (Maternity and Child Welfare):

ANNIE MATHER, M.B., Ch.B., D.P.H. (commenced 1.12.48).

Senior Assistant School Medical Officer:

J. A. CLARK, M.B.E., M.B., B.S.

Assistant County Medical Officers:

Area 1 (Penzance)—

W. K. DUNSCOMBE, M.D., B.S., D.P.H., D.T.M. & H.
(Commenced 1.6.48).

Area 2 (Redruth)—

W. AITCHISON, M.C., M.A., M.B., Ch.B., B.Sc., D.P.H.,
D.T.M. & H. Commenced 3.6.48; Left 21.12.48).

Area 3 (Truro)—

V. E. WHITMAN, B.Sc., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H.
(Commenced 25.10.48).

Area 4 (St. Austell)—

C. A. BOZMAN, O.B.E., M.B., Ch.B., D.P.H. (Commenced 4.10.48).

Area 5 (Wadebridge)—

*J. REED, M.B., Ch.B., B.Sc., D.P.H. (Commenced 1.9.48).

Area 6 (Launceston)—

*L. RICH, M.B., Ch.B., D.P.H., M.R.C.O.G. (Commenced 1.8.48),

Area 7 (Liskeard)—

P. J. FOX, M.B., B.Ch., D.P.H. (Commenced 1.6.48).

*Also Assistant School Medical Officers.

County Psychiatrist:

S. W. DAVIES, M.R.C.S., L.R.C.P., D.P.M. (Commenced 9.2.48).

County Tuberculosis Officer:

J. G. CAIRNS, M.B., Ch.B., D.P.H.

Assistant County Tuberculosis Officer:

STELLA M. LUTY, M.B., B.S. (Commenced 14.6.48).

Assistant School Medical Officers:

MARGARET CASTLE, M.A., M.B., Ch.B. (Commenced 26.9.48).

DOROTHY CHOWN, M.R.C.S., L.R.C.P.

C. C. ELLIOTT, D.S.C., V.R.D., M.D., Ch.B., K.H.P.

P. J. FOX, M.B., B.Ch., D.P.H. (Left 31.5.48).

MURIEL V. JOSCELYNE, M.B., Ch.B., D.P.H.

JEAN D. McKELLAR, M.B., B.S. (Commenced 1.12.48).

JEAN D. McMILLAN, B.Sc., M.B., Ch.B.

WINIFRED M. RYAN, M.R.C.S., L.R.C.P.

Senior Dental Officer:

K. BATTEN, L.D.S.

Assistant Dental Officers:

R. J. R. BAKER, L.D.S. (Resigned 30.9.48).

W. K. BATTEN, L.D.S.

H. J. EAGLESON, L.D.S.

P. W. EDDY, L.D.S.

W. H. ELLAM, B.D.S.

D. A. PATTERSON, L.D.S. (Commenced 14.10.48).

F. H. STRANGER, L.D.S. (Commenced 6.9.48).

F. R. TAYLOR, L.D.S.

E. TOWNEND, L.D.S. (Died 13.9.48).

County Sanitary Officer:

W. SHAW, Cert. R.S.I.

Assistant County Sanitary Officer:

E. G. ROWLEY, Cert. R.S.I.

County Nursing Officer, Supervisor of Midwives, and Superintendent Health Visitor:

Miss ANN WHITE, S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.

Deputy County Nursing Officer, etc:

Miss M. WITTING, S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.

Assistant County Nursing Officers:

Area 1—Miss M. BACH, S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.
(Commenced 5.7.48).

Area 2—Miss C. GUEST, S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.
(Commenced 5.7.48).

Area 3—Miss E. MORAIN, S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.
(Commenced 5.7.48).

Area 4—Miss M. BATES, S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.
(Commenced 5.7.48).

Area 5—Miss S. KEELER, S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.
(Commenced 1.8.48).

Area 6—Miss M. G. AUSTIN, S.R.N., S.C.M., H.V.Cert.R.S.I.,
Q.N.S. (Commenced 5.7.48).

Area 7—Miss E. O. ROBERTS, S.R.N., S.C.M., H.V.Cert.R.S.I.,
Q.N.S. (Commenced 5.7.48).

County Ambulance Officer:

T. C. TRESIDDER (Commenced 14.6.48).

Divisional Transport Officers:

Area 1—W. H. MAYCOCK (Commenced 5.7.48).

Area 2—F. POLKINGHORNE (Commenced 5.7.48).

Area 3—J. SEDGLEY (Commenced 26.7.48).

Area 4—D. C. B. PECKETT (Commenced 1.8.48).

Areas 5 and 6—S. G. MATTHEWS (Commenced 1.8.48).

Area 7—J. J. PEARCE (Commenced 5.7.48).

Authorised Officers:

Area 1—P. A. CLIFTON (Commenced 5.7.48).

Area 2—F. A. MARKS (Commenced 5.7.48).

Area 3—S. R. MOYSE (Commenced 5.7.48).

Area 4—W. St.A. SWEET (Commenced 5.7.48).

Area 5—A. J. ARMSTRONG (Commenced 5.7.48).

Area 6—C. WARD (Commenced 5.7.48).

Area 7—W. V. COUCH (Commenced 5.7.48).

Mental Health Workers for Mental Deficiency:

Mrs. W. E. HOOPER.

Miss B. M. SYRETT.

Chief Inspector under Food and Drugs Acts:

K. R. C. MARTIN.

Part-time Officers:

Public Analyst:

H. E. COX, D.Sc., Ph.D., F.I.C., The Laboratory, 11, Billiter Square,
London, E.C.3.

County Pathologist:

F. D. M. HOCKING, M.Sc., M.B., B.S., F.I.C., F.C.S., Royal
Cornwall Infirmary, Truro

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area	... ..	864,126 acres.
Population, 1948 (excluding Scilly Isles)	... 329,828 (Registrar General's	
do. 1931 census (do.)	... 316,228	estimate).
Number of inhabited houses (1931 census)	... 83,544	
Rateable Value	... ..	£1,741,077
Sum represented by a penny rate	... ..	£6,968

The chief industries according to the 1931 Census were:—

	Males.	Females.	Total.
Agricultural	22,588	1,204	23,792
Clay, Sand, Gravel, etc. pits	3,883	41	3,924
Tin and Copper Mines	665	12	677
Other Mines	2,556	18	2,574
Stone Quarries, Mines, etc.	2,068	14	2,082
Fishing	2,488	5	2,493

These figures exclude those persons out of employment on Census Day.

Table I at the end of the Report shows the estimated population and number of births and deaths for 1948 in each of the Sanitary Districts of the County, whilst Table II gives a summary for the County for recent years.

Live Births.

	Male.	Female.	Total.
Legitimate	2,603	2,463	5,066
Illegitimate	177	142	319
Total	2,780	2,605	5,385

Birth rate per 1,000 of the population, 16.33.

Still Births.

	Male.	Female.	Total.
Legitimate	69	60	129
Illegitimate	5	2	7
Total	74	62	136

Deaths.

Male.	Female.	Total.
2,095	2,169	4,264

Death rate per 1,000 of the population, 12.93.

Deaths from Puerperal causes:—

Puerperal Sepsis	...	0	Rate per 1,000 total (live and still) births	nil
Other Puerperal causes	7	"	"	1.27
Total	...	7	"	1.27

Number of Deaths at Different Periods of Life.

Age Group	Male.	Female.	Total.
0—1	119	71	190
1—5	25	17	42
5—15	13	10	23
15—45	137	130	267
45—65	492	390	882
Over 65	1,318	1,561	2,879
Total	2,104	2,179	4,283*

*Including 19 deaths in the Scilly Isles.

Death rate of infants under 1 year of age:—

All infants per 1,000 live births	34.54
Legitimate infants per 1,000 legitimate live births	33.75
Illegitimate infants per 1,000 illegitimate live brths	47.02
Deaths from Cancer (all ages)	670
„ „ Measles (all ages)	1
„ „ Whooping cough (all ages)	9
„ „ Diarrhoea (under 2 years of age) ...	7

Comparative Rates.

Cornwall. England & Wales.

Live births, rate per 1,000 of the population ...	16.33	17.9
Stillbirths, rate per 1,000 of the population ...	0.41	0.42
Total deaths, under 1 year, rate per 1,000 live births	34.54	34.0
Diarrhoea, under 2 years, rate per 1,000 live births	1.30	3.3
Deaths from all causes, per 1,000 of the population	12.93	10.8
„ Enteric Fever per 1,000 of the population	0.000	0.00
„ Whooping Cough „ „ „	0.027	0.02
„ Diphtheria „ „ „	0.000	0.00
„ Influenza „ „ „	0.042	0.03
Maternal Mortality Puerperal sepsis	0.00	0.24
rate per 1,000 Other puerperal causes ...	1.27	0.78
Total births. Total	1.27	1.02

Birth Rate.

The birth rate in Cornwall for 1948 was 16.33 as compared with 19.00 for 1947, and 17.9 for England and Wales.

The following are the rates in recent years:—

				Cornwall	England & Wales
1938	...	...	...	13.13	15.1
1939	...	...	...	12.67	15.0
1940	...	...	...	12.97	14.6
1941	...	...	...	12.47	14.2
1942	...	...	...	14.34	15.8
1943	...	...	...	15.19	16.5
1944	...	...	...	17.59	17.6
1945	...	...	...	16.08	16.1
1946	...	...	...	18.09	19.1
1947	...	...	...	19.00	20.5
1948	...	...	...	16.33	17.9

Infant Mortality.

The infant mortality rate was 34.54 per 1,000 live births as compared with 34 for England and Wales. This is the lowest infant mortality rate on record for Cornwall. Of the 186 infant deaths, 131 were due to congenital debility, premature birth, malformations, etc.

Infant mortality rates for a number of years are given in the Section of the Report relating to the Care of Mothers and Young Children.

Death Rate.

The death rate for Cornwall for 1948 was 12.93 as compared with 14.72 for 1947, and 10.8 for England and Wales. The death rate is generally higher in Cornwall than in England and Wales, due to the higher percentage of old people as a result of the migration of young adults. The following are the rates for recent years:—

				Cornwall	England & Wales
1938	...	...	...	13.95	11.6
1939	...	...	...	14.74	12.1
1940	...	...	...	14.96	14.3
1941	...	...	...	13.96	12.9
1942	...	...	...	12.84	11.6
1943	...	...	...	14.02	12.1
1944	...	...	...	14.13	11.6
1945	...	...	...	14.61	11.4
1946	...	...	...	14.32	11.5
1947	...	...	...	14.72	12.0
1948	...	...	...	12.93	10.8

Chief causes of death at all ages:—

	1948.	1947.
Diseases of Heart and Blood Vessels ...	1,567	1,644
Cancer	670	687
Intracranial Vascular lesions	493	521
Respiratory disease	355	417
Suicide and deaths from violence	157	159
Tuberculosis	144	166
Nephritis	142	160
Congenital Debility, premature birth, etc	131	142
Diabetes	41	47

Deaths from Heart Disease.

Age Group	Urban Districts.		Rural Districts.		Total.
	M.	F.	M.	F.	
0—1 year ...	—	—	—	—	—
1—5 years ...	—	—	—	—	—
5—15 years ...	1	—	—	—	1
15—45 years ...	6	10	5	4	25
45—65 years ...	81	54	70	39	244
65 and over ...	285	347	241	280	1153
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	373	411	316	323	1423*

*including 8 deaths in Scilly Isles.

A complete list of deaths from all causes, in age groups, is shown in Table V at the end of this Report.

NATIONAL HEALTH SERVICE ACT, 1946.

ADMINISTRATION.

In the year 1947, when the Council was first faced with the problem of devising an administrative system to fulfil its obligations under Part III of the National Health Service Act, 1946, it was immediately struck with the dangers of over-centralising the running of intimate domestic Health Services. There were already sufficient artificial divisions created by the Act itself to make it well worth while to try to avoid further unnecessary divisions in the Local Authority's Health Services. The health functions left with Borough and District Councils still included arrangements for the adequate supply of pure water, the disposal of sewage, supervision of housing conditions and the provision of new houses, the receipt of notifications of Infectious Diseases, and in fact, many of the environmental factors which have a profound effect on the health of the people. The most important function placed upon the County Health Department by this new Act, was the devising of arrangements for the prevention of illness, so that unless these two separate groups of function could be welded into one, yet another cause of difficulty in administration would arise.

From all these considerations, the Council decided to confer with the Borough and District Councils in 1947, in order to see whether these difficulties could be overcome by agreeing to the joint appointment of Medical Officers as Assistant County Medical Officers for the purposes of this Act, and as Medical Officers of Health to the minor Authorities. At these conferences a considerable measure of support was obtained for this proposal, which carried with it a duty upon the County Council to secure the necessary office accommodation and clerical staff. Therefore the County was divided into seven areas, as shown in the following Table and as time went on, whole-time Medical Officers were appointed for Areas 2 to 7, and the whole-time Medical Officer of Health for Area 1 accepted the changed conditions of service. In Areas 5 and 6, the distances were great but the population comparatively small, so that the posts were still further combined with those of Assistant School Medical Officer.

Area No.	Area Office address.	Sanitary Districts	Area in Acres.	Estd. Population. 1948
1	1, North Parade, Penzance.	Penzance M.B. St. Ives M.B. St. Just U.D. West Penwith R.D.	3,155 4,287 7,634 59,792	19,920 8,605 4,047 17,720
			<hr/> 74,868	<hr/> 50,292
2	Station Hill, Redruth.	Helston M.B. Camborne-Redruth U.D. Kerrier R.D.	4,014 22,062 90,839	5,400 35,500 19,700
			<hr/> 116,915	<hr/> 60,600

Area No.	Area Office address.	Sanitary Districts	Area in Acres.	Estd. Population. 1948
3	14/15 Boscawen Street, Truro	Falmouth M.B. Penryn, M.B. Truro City Truro R.D.	1,880 829 2,634 108,316	17,040 3,840 12,950 27,140
			113,659	60,970
4	34a Fore Street St. Austell.	Fowey M.B. Lostwithiel M.B. Newquay U.D. St. Austell U.D. St. Austell R.D.	2,979 3,156 4,599 18,379 82,389	2,099 2,113 10,150 23,360 20,140
			111,502	57,862
5	Hill Road, Wadebridge.	Bodmin M.B. Padstow U.D. Wadebridge R.D.	3,312 3,343 88,230	5,676 2,420 13,850
			94,885	21,946
6	Castle Green, Launceston.	Launceston M.B. Bude-Stratton U.D. Camelford R.D. Launceston R.D. Stratton R.D.	2,182 4,294 52,544 73,051 56,285	4,515 5,170 7,457 6,546 5,090
			188,356	28,778
7	Wadham House Annexe, Liskeard.	Liskeard M.B. Saltash M.B. Looe, U.D. Torpoint U.D. St. Germans R.D. Liskeard R.D.	2,704 5,335 1,691 975 48,433 104,803	4,490 7,410 3,700 3,760 15,850 14,120
			163,941	49,330

The Borough and District Councils also accepted an invitation to join the County Council in the administration of the County Council's schemes, yet to be prepared. The day to day administration of these Services, with the exception of the Mental Health Service, was handed over by the Health Committee to each of the seven Area Sub-Committees for consideration and report, and on each of the Area Sub-Committees there were representatives of the Borough and District Councils, the St. John Ambulance Brigade, the British Red Cross Society, and the Cornwall County Nursing Association, in addition to members of the Health Committee itself. Each Area Sub-Committee appointed a represent-

ative on the County Health Committee, and by these various means it was hoped that a close-knit system would be created, embodying local knowledge and local people, both Councillors and Voluntary Workers, with complete arrangements for them to bring their views to the Health Committee itself.

At the time this system was created, this was a new experiment in administration in this County. It is interesting now to look back to that time and try to assess the value of the hopes we entertained at that time. The hope that an identity of interest would soon be recognised in these Area Sub-Committees has been amply fulfilled, and the death of conflicting interests between the County Council and other Local Authorities in Cornwall so far as the Health Services are concerned has now been assured. The frequent meetings which take place at these Committees between representatives of the County Council, District Councils and Voluntary Associations, have enabled full and frank discussions to take place, which have resolved differences at first apparent, and have enabled wise decisions to be obtained in the interests of the health of the people, the prime consideration of all the elements concerned. In this happy issue out of many, if not all our afflictions, tribute should be paid to the Area Medical Officers, who have often had a difficult task to perform in reconciling the views of all the Authorities they serve, but who by their skill and tact, have played no small part in bringing together those whose real concern has been the welfare of the people in this County.

Before considering in detail the operation of the Schemes for which the Council assumed responsibility on the Appointed Day, it is as well to think for a moment of the effect of the Act on the Services previously operated by the County Council, and now become the responsibility of the Regional Hospital Board. The decision to hand over all the Hospital Services to one body was undoubtedly correct, from the point of view of efficient Hospital administration, but in all the Services concerned, a dividing line had to be drawn between the responsibilities of the Regional Hospital Board and those of the County Council. Similarly (for example, in maternity work), another dividing line had to be drawn between the responsibilities of the Executive Council for Cornwall, and the County Health Committee. It looked at one time as if there would be some truth in the remark of the cynic, that the patient himself would be the one connecting link between the different branches of the Service, but by a judicious mixing of the members of the various Authorities concerned each obtained some knowledge of what the others were doing. The Medical Officer of Health has had assigned to him the new function of being the bridge which joins the various detached parts of the new Health Services—a bridge on whom presumably many will trample in passing from one branch of the Service to another. Many difficulties caused by these artificial divisions were foreseen, and solved partly or entirely as time went on. The solution could be attributed almost always to a determination on the part of everyone concerned to make the arrangements a success. Few who are not concerned in the administration of Services under the Act realise to what extent good-will and tolerance have played their part in avoiding a breakdown of the Service at one point or another. As in time of war, the danger now is that improvisation will become the order of the day, and too much reliance will come to be placed upon personal relationships and mutual goodwill. Many who are now on the staff of the Regional Hospital Board, until recently were on the staff of the County Council, and therefore find no difficulty in appreciating the

point of view of the County Council Health administration. They will go in time, and will be replaced by men who have had no connection with County Council, but who owe an undivided allegiance to the Board. It is therefore a matter of urgency to ensure that this identity of purpose continues and does not prove to have been a temporary phase.

CARE OF MOTHERS AND YOUNG CHILDREN.

Under Section 22 of the National Health Service Act, the County Council has a duty to establish a Service for the Care of expectant and nursing mothers and young children. The proposals made by the Council for the Service have not been completely implemented. The greatest gap in our present Service is due to the lack of routine medical ante-natal clinics,

The proposals contemplated the setting up of routine medical ante-natal clinics, to which all pregnant women could go at frequent intervals for medical supervision, and it was expected that these Clinics would be staffed either by General Practitioner Obstetricians or by whole-time Obstetricians employed in conjunction with the Regional Hospital Board. It was anticipated at the time these proposals were made that the Professional Obstetric Committee would select a small number of General Practitioners in the County and appoint them as General Practitioner Obstetricians on account of their special experience, qualifications or aptitude for obstetric work, and that these men would take charge of the routine clinics. However, nearly every Doctor in the County was recognised as a General Practitioner Obstetrician, so that a very great difficulty immediately arose in deciding how a few of this large number of specially recognised Doctors could be selected to take charge of the Clinics. A rota system whereby each of the General Practitioner Obstetricians attended the Clinics at long intervals in turn with his fellows was obviously impracticable, nor did it seem appropriate for a Lay Committee to select from each area one of the large number of men recognised by the Professional Obstetric Committee to have a special competence in midwifery. It is clear that such a selection would carry with it certain advantages over those not selected. The problem is so fraught with difficulty that a solution has not yet been found.

The Service for the care of expectant mothers is divided into three parts—Consulting Ante-Natal Clinics are provided by the Regional Hospital Board; each patient who has booked a Doctor is entitled to two ante-natal examinations from him under arrangements made by the Executive Council; a Midwife finding herself in difficulty with a patient during the ante-natal period calls in a Doctor, who is provided under arrangements for which the County Council is financially responsible; and it may be wondered why it is necessary, with all these existing Services, to contemplate the setting up of routine ante-natal clinics. Such Clinics are the only way at present available for comprehensive mothercraft instruction and for regular and frequent medical examinations of the patient during the ante-natal period. It is therefore to be hoped that some solution of the medical staffing problem will soon be found as this is the only real difficulty in connection with this Service.

On the Appointed Day, the County Council became responsible for the Maternity and Child Welfare work of the whole County. Previously the

Boroughs of Penzance and Falmouth had been autonomous Maternity and Child Welfare Authorities.

Consulting ante-natal clinics were held weekly by the County Obstetrician at Penzance, Redruth, Newquay, St. Austell, Liskeard, Looe and Launceston. On the Appointed Day, these Clinics were taken over by the Regional Hospital Board.

A routine ante-natal clinic is held at Penzance and attended by a local Medical Practitioner. At St. Austell a Midwives' Clinic is held weekly where each Midwife examines her own cases, and patients are instructed in mothercraft and ante-natal care.

Maternity Accommodation.

The previous arrangements whereby the County Council maintained maternity beds continued until the Appointed Day. These were—

1. The County Maternity Unit at the Camborne-Redruth Miners' and General Hospital (60 beds) including the maternity ward in the Hospital itself, the Trewirgie Corner Annexe, and the Penventon Annexe. 472 cases were admitted prior to 5th July. There were 22 cases of abortion admitted to the general wards.
2. There was also the County Maternity Home at Polvellan, Looe (20 beds). This home included an ante-natal section and catered for cases in which no complications were anticipated. There were 117 admissions before July 5th.

On July 5th both these units were transferred to the Regional Hospital Board, although the County Council continued to run Polvellan on an agency basis until the Home closed in March, 1949.

117 cases from the eastern part of the County were admitted to the Plymouth City Hospital.

Rosemundy Home, St. Agnes. This is a Home of 24 beds for mothers and babies maintained by the Cornwall Social and Moral Welfare Association, subsidised by a grant from the County Council. There were 35 cases admitted during the year. Each patient is admitted about 2 months before her confinement and stays 4 months after.

Puerperal Pyrexia. 51 cases of puerperal pyrexia were notified during the year. 5 of these were admitted to the Royal Cornwall Infirmary, Truro.

Ophthalmia Neonatorum. There were 6 cases of Ophthalmia Neonatorum notified.

Day Nursery. The Newquay Nursery has accommodation for 45 children whose mothers, for domestic reasons are unable to care for their children during the day.

93 children were admitted during the year, the average attendance being 36, and the maximum 48.

Maternal Mortality. There were no deaths from Sepsis and 7 from other causes connected with child bearing. The following are the rates per 1,000 births, including still births, in recent years:—

Year	Puerperal Sepsis.		Other Causes.		Total Cornwall.		England & Wales.
	No. of deaths.	Rate.	No. of deaths.	Rate.	Maternal deaths.	Maternal Mortality Rate.	Maternal Mortality Rate.
1923	... 6	1.10	20	3.66	26	4.76	3.82
1924	... 3	0.58	11	2.12	14	2.70	3.90
1925	... 9	1.82	25	5.05	34	6.87	4.08
1926	... 3	0.62	12	2.47	15	3.09	4.12
1927	... 6	1.27	15	3.17	21	4.44	4.11
1928	... 8	1.71	18	3.86	26	5.57	4.42
1929	... 9	1.94	15	3.24	24	5.18	4.33
1930	... 4	0.86	18	3.87	22	4.73	4.40
1931	... 4	0.85	13	2.78	17	3.63	3.94
1932	... 4	0.87	13	2.85	17	3.72	4.06
1933	... 8	1.81	12	2.72	20	4.53	4.23
1934	... 8	1.81	18	4.09	26	5.90	4.41
1935	... 3	0.68	17	3.88	20	4.57	3.93
1936	... 5	1.14	12	2.75	17	3.89	3.65
1937	... 2	0.48	13	3.12	15	3.60	3.11
1938	... 6	1.42	14	3.32	20	4.74	2.97
1939	... 3	0.72	11	2.62	14	3.34	2.82
1940	... 1	0.22	10	2.18	11	2.40	2.16
1941	... 6	1.13	17	3.20	23	4.33	2.23
1942	... 2	0.39	8	1.56	10	1.95	2.01
1943	... 7	1.36	6	1.17	13	2.53	2.29
1944	... 6	1.03	14	2.39	20	3.42	1.93
1945	... 3	0.57	13	2.49	16	3.06	1.79
1946	... 1	0.17	5	0.85	6	1.02	1.43
1947	... 2	0.32	14	2.22	16	2.54	1.17
1948	... —	0.00	7	1.27	7	1.27	1.02

The rates for particular years are very variable owing to the comparatively small number of births. The following are the rates for recent five year periods:—

1924-28	...	4.53
1929-33	...	4.36
1934-38	...	4.54
1939-43	...	2.91
1944-48	...	2.26

The quinquennial rates given above give some indication of the significant reduction in maternal mortality which has occurred in Cornwall during recent years.

Infant Mortality.**Infant mortality rates:—**

				Cornwall.	England & Wales.
1898	...	...	...	156	160
1900	...	...	...	126	154
1910	...	...	...	85	105
1911	...	...	...	129	130
1920	...	...	...	59	80
1930	...	...	...	51	60
1931	...	...	...	54	66
1932	...	...	...	54	65
1933	...	...	...	52	64
1934	...	...	...	57	59
1935	...	...	...	46	57
1936	...	...	...	51	59
1937	...	...	...	49	58
1938	...	...	...	50	53
1939	...	...	...	59	50
1940	...	...	...	48	55
1941	...	...	...	52	59
1942	...	...	...	46	49
1943	...	...	...	36	49
1944	...	...	...	41	46
1945	...	...	...	37	46
1946	...	...	...	39	43
1947	...	...	...	35	41
1948	...	...	...	34	34

In 1948 the infant mortality rate for the County reached the record low level of 34.54 per thousand live births. The rate of infant mortality is generally considered to be the most sensitive index of the condition of the population from the hygienic point of view and the figure for 1948 remains very satisfactory. The mean average yearly figure for the past 5 years is 37.11, whilst the corresponding figure for the previous 5 year period was 48.29.

Child Welfare Centres.

Before July 5th Child Welfare Centres were maintained by Voluntary Organisations. They were generally set up in populous areas and attended by health visitors, district nurses and local general practitioners. It cannot be too often repeated that the service of choice in rural districts is that provided by a fully qualified health visitor who, in visiting children in their homes can take into account the circumstances of the home about which information is not readily available at child welfare centres. In this way, a domiciliary health visitor service has great advantages over the child welfare centres, and lacks only the regular medical supervision and organised educational facilities of those centres. As far as medical supervision is concerned, the situation was changed on the coming into force of the National Health Service Act, by which every child can claim to have a family doctor who can be consulted free of charge at the time if there is any anxiety about the child's health. In view of these considerations, a review of the attendances at the various child welfare centres was made soon after the Appointed

Day and in the case of those with insufficient attendances to justify their continuance, no hesitation was felt in closing them having regard to the alternative health visitor domiciliary service which was available for the needs of those areas. The following centres were closed:

Tintagel
Lewannick
Polperro
Lelant

In some populous parts of the County there were no child welfare centres, and clinics were opened at Torpoint and Helston. Clinics are still run by voluntary associations at:

St. Mawes
Portscatho
Rock
St. Eval and St. Mawgan Camps.

The County Health Authority assumed responsibility for the child welfare centres of the County from the Appointed Day and placed one of the County health visitors in charge of each centre. It is encouraging to note the continuing assistance rendered by voluntary workers in the conduct of these centres.

To bring this service into closer touch with the child health service in the County, the Assistant School Medical Officers were appointed as Medical Officers of the child welfare centres in their own areas, thus providing continuous medical supervision of the health of the children from birth to school leaving age. It is hoped that Assistant School Medical Officers will be attached as Assistant Paediatricians to children's departments of hospitals. The ultimate administrative responsibility rests with the County Health Committee, but the day to day administration is decentralised to the seven Area Sub-Committees.

It is intended to carry out Health Education at these centres, and mothercraft demonstrations are already being organised.

Nearly all centres are handicapped by shortage of equipment. In some centres the equipment, already purchased with the help of grants from the County Council, was handed over by the voluntary committees. Other committees sold us the equipment while some preferred to remove it. A certain amount of equipment and furniture is still urgently needed and some articles, such as scales for weighing babies, are in very short supply and delivery is slow.

Mothers can obtain welfare foods at a reduced rate on presentation at the chemist's of vouchers, which are signed by a health visitor. Previously welfare foods were stocked and sold at the Centres. These foods are still stocked at some of the centres where there is no convenient chemist's shop.

At the end of the year there were 37 Centres in the County situated as follows:—

Lelant.
 Penzance.
 Newlyn.
 Heamoor.
 Mousehole.
 St. Ives
 Hayle.
 Helston.
 Camborne.
 St. Day.
 Fool (Illogan)
 Redruth.
 St. Agnes
 Perranporth.
 Truro.
 Falmouth.
 Penryn.
 Perranwell.
 Grampound Road.

St. Austell.
 Newquay.
 Padstow.
 Bodmin.
 Wadebridge.
 Launceston.
 Bude.
 Camelford.
 St. Breward.
 Delabole.
 St. Teath.
 Liskeard.
 Looe.
 Callington.
 Saltash.
 Downton.
 Millbrook
 Torpoint.

The number of children under one year of age who attended these Centres for the first time during the period 5th July to 31st December, 1948, was 1,074, and the number between the ages of 1 and 5 years was 447.

The aims of a child welfare centre are threefold:—

- (1) Mothercraft—to instruct mothers in the care and feeding of infants and young children.
- (2) To supervise the progress of young children, and prevent as far as possible unnecessary illness due to the ignorance of their mothers.
- (3) To assist in restoring the mother to health and in establishing natural breast feeding.

Treatment is not given at these Centres and they do not take the place of a hospital or private doctor's consultation. A busy practitioner cannot always spare time for the supervision of the development and nutrition of a healthy child, and the education of its mother. The value of the mother's attendance at a Centre is increased by follow-up visits to her home by the health visitor who makes sure that the doctor's advice has been understood and that the directions given are being followed correctly. Further explanation is given informally in the home when necessary.

The Nursing Services.

The change in administration of the Nursing Services as described in detail in the Proposals made under the Act has taken place smoothly. The County Nursing Association is charged with onerous duties which include the arrangements to be made for housing and transporting the nurse and befriending her in a new community. The administrative machinery set up by the County Nursing Association is parallel to that of the Health Committee, consisting as it does of a central organisation with seven Area

Committees. The arrangement has proved as effective as had been hoped and the value of voluntary services has once again been demonstrated in this most important ancillary to the more formal arrangements provided by the Local Health Authority.

REPORT OF THE COUNTY NURSING OFFICER.

Before the 5th July, 1948, the health visiting, domiciliary midwifery and home nursing services were administered in three quite separate and different ways. The first two were statutory, the last entirely voluntary. The health visitors were employees of the County Council. The domiciliary midwives (who in almost every case were also the home nurses) were employees of the local voluntary district nursing associations and a block grant towards their salaries and equipment was paid to the County Nursing Association to be paid out to the local associations. The home nursing service was financed by the local district nursing associations by such means as they chose, varying from contributory schemes to dances, whist drives and flag days. On the 5th July, 1948, this last service also became statutory, and in this County all the officers employed in the county nursing services became employees of the County Council. For the provision of housing and transport for the nurse-midwives, the County Council make a 100% grant to the County Nursing Association, who undertake to be responsible for these essentials.

The immediate result of the change was greater flexibility and ease of administration. The County became one unit, decentralized into seven areas with the intention of simplifying administration, where before it had been divided into a large number of small compartments between which little communication could exist. The available nurse-midwives can be used more efficiently and economically and they are now members of a team rather than isolated units.

Gas and Air Analgesia. Before 5th July, 1948, 30 midwives were qualified to administer gas and air and 18 machines were in use. By the end of the year a further 12 had been trained, and 30 machines were in use.

It was planned to train 21 midwives during 1949 and to supply all who were qualified with the necessary apparatus.

It should be noted that all midwives now qualifying have this qualification also before they may practise.

Child Life Protection. Before 5th July, qualified health visitors on the County Staff were responsible for the visiting of children up to the age of nine, who were fostered apart from their relatives for gain. The Children Act, 1948, raised the age to school-leaving age, and placed the responsibility on the Children's Committee. By arrangement with the Children's Officer, the qualified health visitors continued to do the statutory child life protection visits up to 4+ years, as they were already visiting under maternity and child welfare arrangements, and by the time the child began to attend school the visiting was transferred to the boarding-out officers of the Children's Department.

Nurses employed on 31st December, 1948:—

Administrative staff

County Nursing Officer	...	...	...	...	...	1
Deputy County Nursing Officer	...	...	...	...	...	1
Assistant County Nursing Officers	...	...	...	...	...	7

Nurse-Midwives

"Queen's" Nursing Sisters, S.R.N., S.C.M., Health

Visitors' Certificate	...	...	...	...	...	9
"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	...	...	...	34
"Queen's" Nursing Sisters, S.R.N.	...	...	...	...	...	3
State Registered Nurses, S.C.M.	...	...	...	...	...	25
State Certified Midwives, S.E.A.N.	...	...	...	...	...	61
State Certified Midwife	...	...	...	...	...	1
State Enrolled Assistant Nurses	...	...	...	...	...	2
Full time Emergency Nurse	...	...	...	...	...	1

Health Visitors

State Registered Nurses, S.C.M., H.V. cert.	...	...	...	...	...	22
State Registered Nurse, S.C.M.	...	...	...	...	...	1

168

Patients Attended by Nurse-Midwives

New Patients	...	...	...	...	...	14,057
Surgical Cases	...	...	...	...	3,836	
Medical Cases	...	...	...	...	7,174	
Midwifery Cases	...	...	...	...	1,777	
Maternity Cases	...	...	...	...	1,067	
Miscarriages	...	...	...	...	203	

Work Done by Nurse-Midwives

General Nursing Visits	...	...	...	...	...	165,999
Midwifery and Maternity Cases	...	...	...	...	...	55,976
Casual Visits	...	...	...	...	...	30,873
Ante-natal Visits	...	...	...	...	...	23,819
Health Visits	...	...	...	...	...	55,623
School Medical Inspections attended	...	...	...	...	...	288
School Cleanliness Inspections attended	...	...	...	...	...	2,281
Welfare Centres and Clinics attended	...	...	...	...	...	1,173
Attendances at Operations	...	...	...	...	...	258
Nights on duty	...	...	...	...	...	2,162

Maternity and Child Welfare Work

	Full Time H.V's.	Part Time H.V's.	Adminis- trative staff	Totals
Visits to children under 1 year ...	16,457	27,721	—	44,178
Visits to children aged 1-5 years	26,592	27,902	—	54,494
Child Welfare Centres attended...	904	1,173	238	2,315
First Visits to Expectant Mothers	474	3,662	—	4,136

	Full Time H.V.'s.	Part Time H.V.'s.	Adminis- trative staff	Totals
Total Visits to Expectant Mothers	1,107	23,819	591	25,517
Ante-natal Clinics attended ...	296	—	—	296
Child Life Protection—				
First Visits	425	—	82	507
Re-visits	1,202	—	—	1,202
Lectures given	78	—	20	98
School Work				
Attendances at Minor Ailment				
Clinics	1,018	—	—	1,018
Attendances at School Medical				
Inspections	296	288	—	584
Follow-up visits	5,592	1,868	—	7,460
Tuberculosis Work:				
First visits to Patients' Homes	787	—	38	825
Revisits to Patients' Homes ...	5,653	—	—	5,653
Clinics attended	791	—	—	791
Venereal Disease:				
Clinics attended	322	—	—	322
Visits paid	395	—	—	395

REPORT OF THE COUNTY NURSING OFFICER AS STATUTORY NON MEDICAL SUPERVISOR OF MIDWIVES.

Midwives practising on 31st December, 1948:—

Domiciliary Cornwall County Council—

"Queen's" Nurses S.R.N., S.C.M.	52
State Registered Nurses, S.C.M.	26
State Certified Midwives	62
Domiciliary in Private Practice and in Nursing Homes	48
Polvellan Maternity Home	5
	<hr/>
	193

Cases attended by above Midwives:—

	As Midwives	As Maternity Nurses	
Cornwall County Council	1,658	1,353	3,011
Independent Midwives and in			
Nursing Homes	322	767	1,089
Polvellan Maternity Home	225	—	225
	<hr/>	<hr/>	<hr/>
	2,205	2,120	4,325

Notifications received of:—

Stillbirths	74
Deaths of Mothers	4
Deaths of Children	44

Artificial Feeding	...	...	...	...	...	...	163
Liability to be source of infection	...	...	...	...	...	...	60
Sending for Medical Aid	...	...	...	...	...	...	926

Medical Aid forms sent in respect of:—

Mother during Ante-natal period	...	...	...	...	...	193
Mother during Labour	...	...	...	...	...	528
Mother during Puerperium	...	...	...	...	...	90
Infant	...	...	...	...	...	115
						<hr/> 926 <hr/>

Work of Supervisor and Assistants:—

Regular Inspections of Midwives	...	...	...	...	...	506
Special visits of Enquiry	...	...	...	...	...	266
Inspections of Nursing Homes	...	...	...	...	...	97

REPORT OF SENIOR DENTAL OFFICER.

School Health Service.

Since the application of the National Health Service Act, 1946, a change has been made in the control of this service. Instead of this Authority's dental affairs being dealt with by the Ancillary Services Sub-Committee of the Education Committee, they have been placed under a Dental Sub-Committee of the Health Committee, which consists of an equal number of members from the Education and Health Committees, five from each.

Staffing.

The present establishment consists of one Chief Dental Officer and nine Assistant Dental Officers (an addition of two Assistant Dental Officers having been sanctioned during this year) ten dental attendants, one dental technician, one dental clerk and one dental apprentice.

During September two dental officers were lost to the service, Mr. Townend in the Launceston District, unfortunately for this service, died at an early age, and Mr. Baker left the Penzance dental district to engage in private practice.

This authority is in a favourable position, compared with many others, in having only lost one dental officer to private practice and in receiving applications for and in being able to fill two vacancies by the appointment of Mr. Stranger in September and Mr. Patterson in October last. It has however been impossible to attract any further applications from candidates to fill the two vacancies existing in the Launceston and Saltash dental districts. This has been caused by circumstances having arisen since the introduction of the National Health Service Act whereby much larger salaries and better working conditions are being offered by private practitioners and Local Executive Committees who have applied the recommendations of the Spens Committee, than those being offered by Local Authorities, despite the fact that the latter authorities' dental officers are treating the priority classes—viz. Primary and Secondary School children, pre-school children and nursing expectant mothers. The staff during the year has consisted

of one Senior Dental Officer and slightly less than an equivalent of seven Assistant Dental Officers wholetime—three Dental Officers being static (non-travelling) and four being mobile.

Dental Centres.

Three fully equipped permanent dental centres of the approved 'A' type (consisting of one surgery, one waiting and one recovery room and a dental office) have been in operation during this year, but in temporary premises; it is hoped that during the coming year properties will become available to allow nine more centres of this type, seven of a 'B' type, these also fully equipped, and four of a 'C' or experimental type, which latter will be replaced by surgeries to be built in the new proposed secondary or technical schools.

Equipment up to a value of £3,000 has already been purchased and is awaiting installation when premises have been approved by the Ministries of Health and Education.

Mainly because of local geographical difficulties in Cornwall the principle of bringing children to well equipped dental centres has been preferred to making use of caravans.

Dental Clinics have been held in nineteen halls, institutes and similar premises where water and sometimes electric light is available, equipment of a mobile type being used here. In addition, treatment is of necessity carried out in many schools under varying degrees of suitability and much praise is due to the head teachers who have rendered this service great assistance under conditions frequently presenting considerable inconvenience to themselves and their staff.

Dental Inspections.

During the year under review 19,563 children have received routine dental inspection; of these 14,561 were referred for dental treatment. Thus out of every 100 children inspected 74 needed dental attention in some form or another. Whilst this figure remains fairly constant, the amount of treatment needed per child becomes greatly reduced when an 'annual' inspection and treatment at least is made possible.

In addition, inspections have been made of 1,505 special cases which were sent to the dental officers for urgent relief of pain or because of irregularities of their teeth, and of these 1,342 received treatment.

At the request of the Ministry of Education 1,038 school children of exactly five years of age have been given a detailed inspection of a special nature. Research was carried out to ascertain:—

1. The number of perfect mouths, i.e. having no teeth carious, missing (by extraction) or filled.
2. The average number of deciduous teeth decayed, missing, or filled, per child.

The averages obtained per 100 children resulted in this County:—

1. Six.
2. Decayed (carious) 205. Missing 41. Filled 2.

These figures prove that the dental condition of children entering schools is at present far from good, and it is to be hoped it will greatly improve when conditions permit the regular inspection and treatment of children of pre-school age being undertaken as required under the National Health Service Act, 1946.

The foregoing figures show that a total of 22,106 children received a dental inspection during the year and that 299 sessions were necessary, an average of 73.9 per session.

In a rural County such as Cornwall with its large proportion of very small schools, often at great distances from each other, the average number of children inspected per session cannot be as high as in thickly populated industrial regions.

At a recent visit of inspection made by Dr. Wynne, a Medical Inspector of the Ministry of Education, the number inspected was one of the only two points of criticism he made regarding the set up of the County Dental Service. The other criticism was that the sooner dental treatment could be given in Truro in a well equipped dental centre, instead of as at present in a dental chair positioned in a basement dental laboratory, the better it would be for the service.

Owing to the large number of children under their care, it is taking Dental Officers two and in some cases even three years to complete the circuit of their dental districts, and as previously stated in this report, treatment given at such lengthy intervals greatly increases the amount of dental treatment necessary per child.

Of 39,608 primary and secondary school children in this County, 20,000 neither received a dental inspection nor had the opportunity of dental treatment during the year. It is obviously useless to inspect large numbers of children for whom it would be impossible to carry out any treatment within a reasonable period.

Dr. Dagmar Wilson visited the County during the year and carried out an investigation into the number of children showing a condition of their teeth due largely to an unsuitable amount of fluorine in the drinking water. The results varied greatly in different districts. Dr. Wilson did however report that the presence of fluorine in correct proportion in the water supply did greatly improve the tooth structure, but that this improvement was only of a temporary nature dependent upon the continued use of water having the fluorine content.

Treatment.

The acceptance rate during the year has risen to an average of 73%.

Acceptance rate:—

1944	43%	Cornish children
1945	47%	" "
1946	57%	" "
1947	65%	" "
1948	73%	" "

10,929 school children, making 16,061 attendances, have been given dental treatment of a complete nature, and this has involved the following amount of work.

No. of sessions, 3,042, i.e., 3.6 children treated per session.

Fillings		Extractions		Other Operations	
Perm.teeth	Temp.teeth	Perm.teeth	Temp.teeth	Perm.teeth	Temp.teeth
13,533	1,599	1,915	7,782	5,925	5,494

The amount of work necessary per 100 children based on the above figures is:—

Fillings		Extractions		Other Operations	
Perm.teeth	Temp.teeth	Perm.teeth	Temp.teeth	Perm.teeth	Temp.teeth
120	14	18	70	54	52

Pupils requiring treatment who received it ... 75.

It is interesting to compare the above with the amount of work found necessary per 100 children among all the pupils inspected in England (excluding London), which for 1945 was as follows:—

Fillings		Extractions		Other Operations	
Perm.teeth	Temp.teeth	Perm.teeth	Temp.teeth	Perm.teeth	Temp.teeth
71	10	20	120	Total 38.	

Pupils requiring treatment who received it ... 67.4.

In this report under "other operations permanent teeth" such items are included as Root treatment, gum treatments and scalings, pulp cappings, acrylic splints for fractured incisors, jacket crowns, adjustments to orthodontic appliances and X-ray examinations.

"Other operations to temporary teeth" consists mainly of the Ammoniated Silver Nitrate reduction treatment of caries, after the cavities have been rendered non retentive.

During the year considerable time was lost because about 1,250 appointments were not kept by children, and these broken appointments ought, in justice to the Service, to be added to the total number of attendances made.

X-Ray.

During the year 59 children have been X-rayed in various hospitals throughout the County. This arrangement has not proved satisfactory, mainly because of the time factor. Two transportable X-ray sets are on order with delivery promised for February next. It is hoped that two more will be obtained next year, and that attachments will be fixed to the dental chairs in the remaining 8 'A' Centres so that only the head of the X-ray set will need to be transported when an X-ray is required in any of the 12 'A' type dental centres.

General Anaesthetics have been administered by the Chief Dental Officer to 298 pupils, 53½ sessions being devoted to this work. Unfortunately it has been necessary to limit this service because so few centres exist at present where it can usefully be given.

Orthodontia and Dentures.

On the 5th July 1948 the County Council set up a dental laboratory at 2, Strangways Terrace, Truro. The accommodation consists of a setting up

laboratory, and processing, plaster and polishing rooms. Since that date 167 orthodontic appliances of a removable nature, 25 partial dentures and 6 repairs to appliances etc. have been completed for Primary and Secondary school children. Prior to this date 40 removable orthodontic appliances and four partial dentures were supplied to school children and were processed in a private laboratory in Plymouth.

It is of interest to record that the Council were successful in obtaining the services on their staff of the owner of the laboratory, which had previously carried out all their mechanical work since 1946.

279 children have received Orthodontic treatment by removable appliances. 10 children have received Orthodontic treatment by the use of fixed appliances.

Of the 1,915 permanent teeth extracted (as enumerated earlier in this report), 373 were removed for orthodontic reasons.

Whilst the Orthodontic treatment has been mainly under the supervision of the Chief Dental Officer, several cases, presenting unusual difficulties, have been referred to the Eastman Clinic, London, the diagnosis and advice they have given has resulted in much benefit to pupils and dental staff alike.

The Dental Sub-Committee has considered and recommended that in conjunction with the Regional Hospital Board it would be helpful if an orthodontic specialist could be appointed on a part time basis, to visit various centres and give advice to Dental Officers on the more difficult cases, and the possibility is now being explored by the Board.

The history of treatment, original and interim models of completed Orthodontic cases and appliances used are being classified and filed in what is hoped will be a useful and interesting collection.

In order that the Routine dental treatment of a preventive nature shall not be unduly interfered with, the amount of Orthodontic treatment undertaken by each Dental Officer has been limited in accordance with the type of dental district. In each case pupils have been informed at the onset of treatment that it will be necessary for them to come to a dental centre for all adjustments to apparatus, as too much time would be involved by Dental Officers visiting the patients. It is also pointed out to patients that attendance on some Saturday mornings may be necessary, and acceptance of these conditions by pupils and parents has resulted in very few cases discontinuing this treatment in the middle of its course.

Orthodontic treatment is now so popular that the demand has become somewhat embarrassing. In several districts very long waiting lists exist of patients who have already asked for treatment, so much so that it has proved difficult for Dental Officers to fit pupils for Orthodontic treatment into routine dental inspections. Much of the treatment requested by pupils attending non-provided schools is of this nature.

It is hoped that in the near future negotiated salaries will attract candidates to the Public Dental Service so that Cornwall may become sufficiently staffed to allow not only adequate annual inspection and treatment but also to catch up and deal with the increasing number of children now awaiting treatment. It would be a matter of regret if a school dental

service which has taken so many years to build up to the degree of usefulness it has now reached should be forced totally to disintegrate because of lack of staff.

Public Health—Scheme for Mothers and Young Children

Much time has had to be spent during the year in preparing and formulating this scheme, but owing to lack of staff and suitable accommodation, it has been possible to establish a service for the priority groups in many parts of the County. Because permanent and suitably equipped dental centres already existed it was possible to commence the scheme in Falmouth in October and Penzance in November. Meetings of Midwives, District Nurses and Health Visitors in these two areas were arranged at which the working of the Scheme was explained. The forms facilitating the attendance of patients at the dental centres were explained, and the recording of all patients, through the District Dental Officers, to Local Health Area Offices and the Central Dental Office was demonstrated. Dental Officers have also received information on matters such as availability of transport when necessary, making returns, and the sessions to be allotted to this part of the Service, the latter being necessary in order to secure that those referred to Dental Centres may know when they can be sure of being seen.

Seven urgent cases have been seen and treated in four other dental districts.

Since the 5th July 1948, the following work has been carried out during 39 sessions.

	Mothers.		Children under five.
	Expectant.	Nursing.	
No. examined	... 43	9	91
No. needing treatment	... 43	9	64
No. treated	... 43	9	52
No. made dentally fit	...	18	20
No. of attendances	... 95	12	77
Particulars of Treatment:			
X-ray	...	—	
Scaling	...	5	
Fillings:—			
Ante- and post-natal	...	69	
Pre-school	...	31	
Extractions:—			
Ante- and post-natal	...	43	
Pre-school	...	20	
General Anaesthetics:—			
Ante- and post-natal	...	3	
Pre-school	...	3	
Other treatment:—			
Ante- and post-natal	...	37	
Pre-school	...	22	
Denture dressings	...	3	
Dentures fitted:—			
Partial	...	4	
Full	...	1	
No. of persons fitted with dentures		3	

Some appointments were not kept; it has been decided to watch these cases closely and not to record them until the end of each year because, as in general practice, there are many reasons which cause an adult to postpone dental treatment, especially when multiple extractions are necessary, until such time as they are willing to be without teeth for some time or nearly so over a period. This sort of thing is not met with to such a degree in the treatment of school children.

Miss Forrest a dental inspector from the Ministry of Health has visited the County, and after making detailed enquiries into the working of this scheme, she has expressed her satisfaction with the proposed types of dental centres, the equipment and the general lay out. Sanction to the raising of a loan of £5,600 for the purchase of dental equipment has been agreed to by the Ministry of Health and the Ministry's decision regarding the suitability of premises for the establishment of dental centres is now being awaited. Staff is difficult to secure, and there is a lengthy waiting period before delivery of equipment can be made.

The Retreat, St. Columb

At the request of the Royal Western Counties Institution Hospital Management Committee, dental inspections and treatment of the inmates of The Retreat, St. Columb Major, continued to be carried out by this Authority.

Seven and a half sessions have been undertaken during the year and the amount of inspections and treatment given is as follows:—

No. of inspections	...	...	...	...	...	90
No. referred for treatment	...	...	...	...	...	51
No. treated	...	...	...	...	...	26
No. of attendances	...	...	...	...	...	26
Fillings:—						
Permanent teeth	...	...	...	...	...	17
Temporary teeth	...	...	...	...	...	—
Extractions:—						
Permanent teeth	...	...	...	...	...	35
Temporary teeth	...	...	...	...	...	5
Other treatment:—						
Permanent teeth	...	...	...	...	...	25
Temporary teeth	...	...	...	...	...	5

Children's Homes and Boarded Out Children

Dental inspections have been carried out for all boarded out children and at Children's Homes, but because of the transfer from the Education Authority during this year, the amount of treatment given has not been kept separately, but has been included by Dental Officers in their School Health dental reports.

Administration

It has been necessary for me to spend 248 Administrative sessions in organising the County Dental Service.

It is hoped that circumstances will permit of a general extension of this service during the coming year.

AMBULANCE SERVICE

The year 1948 saw a revolutionary change in the administration of the County's Ambulance Service, when Section 27 of the National Health Service Act placed upon the County Council the duty of making adequate arrangements. Before the passing of the Act, apart from a small ambulance service of 12 vehicles which the County Council had set up for the immediate needs of hospitals and the sanatorium for which they were responsible, the great bulk of ambulance transport was provided by the St. John Ambulance Brigade and the British Red Cross Society.

In drawing up the proposed arrangements by which they would undertake the provisions of the Act, the County Council were at pains to seek some means by which they could continue and foster the spirit of voluntary service which had so characterised the running of the ambulance services in the past. In agreement with the Voluntary Agencies concerned, therefore, a scheme was drawn up which provided for a nucleus of stations (to be called "Main Centres") to be manned from 7 a.m., to 7 p.m., by whole-time drivers employed by the County Council; and at all other times by personnel of the Voluntary Agencies. In the more remote areas (called "Country Centres") the voluntary agencies undertook to be available for calls throughout the whole of the 24 hours. This proposal at once involved the question of ownership and replacement of vehicles, a problem which, in agreement with the voluntary agencies, was solved by the County Council's purchasing at valuation 14 ambulances hitherto the property of the voluntary agencies.

The proposals, which received the approval of the Minister of Health on the 26th April 1948, provided for ambulance centres as follows:—

Main Centres.	No. of Ambulances.	Purchased from V.A's.	No. of Full-time Drivers.
Penzance	2	1	6
Camborne-Redruth	3	2	13
Falmouth	2	2	6
Truro	4	2	15
St. Austell	2	2	6
Bodmin	2	2	6
Launceston	1	1	3
Liskeard	1	1	3
Looe	1	—	3
Saltash	1	1	3
Torpoint	1	1	3
Totals	20	15	67
Country Centres.			
Pendeen	Carnmenellis	Bude-Stratton	
St. Ives	St. Agnes.	Camelford	
Goldsmithney	Indian Queens	Padstow	
Hayle	Newquay	Wadebridge	
Penryn	St. Blazey	Torpoint	
Illogan	Fowey	Callington	
Helston	St. Dennis	Looe	
		Launceston (2).	

1 ambulance at each of the above named centres.

For a period of 6 months after 5th July 1948 (which was the Appointed Day under the National Health Service Act), while the negotiations to purchase the vehicles were not yet finally completed, all the ambulances (except those actually the property of the County Council) were run on the basis appropriate for Country Centres. This basis involved the payment by the County Council of 1/- per mile run by the ambulance, which payment was held to include the cost of petrol, lubricants, repairs and all outgoings connected with the garaging and administration of the vehicle. The County Council undertook at their own expense to replace any worn-out vehicle which they considered to need replacement.

As regards Voluntary personnel, the Country Centre arrangements and those for the Main Centres are largely the same. A fixed annual retaining fee is paid on the basis of two persons per ambulance and in addition an attendance fee is paid on each occasion on which the ambulance is called out. These fees, together with a uniform allowance are paid to the Voluntary Agency and not to individuals, and the County Council do not concern themselves in whatever allocation is made by the Voluntary Agency.

To run all ambulances on a Country Centre basis was too expensive an arrangement to be allowed to continue, and as soon as the purchase of the Main Centre ambulances was completed, whole-time drivers were appointed, with the result that by 31st December 1948, out of an authorised strength of 70, the number of drivers appointed was 45.

Two Austin "Welfarer" ambulances and one Bedford utilicon ambulance were delivered during the year.

Long Distance Transport.

It frequently becomes necessary to convey patients to hospitals and their homes situated at considerable distances from the County. For this purpose a special ambulance is used, providing the maximum comfort and the minimum fatigue for the patient.

In some cases patients are conveyed to a railway station by ambulance and then placed on a stretcher in a specially reserved compartment of a train and arrangements are made for them to be met by an ambulance at their destination. One case was transported by air to the Isles of Scilly.

Statistics relating to long distance transport are as follows:—

No. of patients carried in ambulances	...	48
No. of miles covered by ambulances	...	10,547
No. of railway journeys arranged	...	43

Use of Ambulances

Statistics relating to the use of ambulances during the year are as follows:

Prior to 5th July, 1948.

Number of ambulances:—

(a) Cornwall C.C.	12
(b) Voluntary Organisations	41

After 5th July, 1948.

Number of ambulances:—

(a) C.C.C. Main Centres	25	Av. mthly. mileage	17,097
(b) V.A's. Country Centres	23	" " "	13,748

Total number of patients carried since 5th July, 1948 ... 8,009
 Total number of miles run—all ambulances—since 5th July, 1948 185,075

HOSPITAL CAR SERVICE

The inception of the new Act made no difference to the administration of the Hospital Car Service, which continued under the joint organisation of the W.V.S., B.R.C.S., and St. J.A.B., having for its County Organiser, Lady Vivian and its Assistant County Organiser, Mrs. H. A. Phillips.

These County Officers have been ably assisted by the following Area Transport Officers upon whom has fallen the most difficult task of arranging for an increasing large number of journeys:—

Hospital Car Service Area	Sanitary Districts Served	Area Transport Officer
Penzance	Penzance B. St. Just U.D. Part of West Penwith R.D.	Miss A. Hadfield, Marazion.
Camborne	Camborne-Redruth U.D. St. Ives B. Helston B. Part West Penwith R.D. Part Kerrier R.D.	Mr. A. H. Whale, Camborne.
Falmouth	Falmouth B. Penryn B. Part Kerrier R.D. Part Truro R.D.	Mrs. K. M. Belcher, Falmouth.
Truro	Truro City Part Truro R.D.	Mr. P. H. Burgess, Truro.
Newquay	Newquay U.D. Part Truro R.D. Part St. Austell R.D.	Mrs. A. G. Bellingham, Newquay.
St Austell	Lostwithiel B. Fowey B. St. Austell U.D. Part St. Austell R.D.	Mrs. K. M. Batchelor, Pentewan. Miss H. E. Higman, St. Austell.
Wadebridge	Bodmin B. Padstow U.D. Wadebridge R.D.	Mrs. D. M. Anstis, Wadebridge.
Liskeard	Liskeard B. Saltash B. Looe U.D. Torpoint U.D. Liskeard R.D. St. Germans R.D.	Miss B. Wynn-Mayow, Hessenford.
Launceston	Launceston B. Launceston R.D. Camelford R.D.	Mr. S. Parsons, Launceston.
Bude	Bude-Stratton U.D. Stratton R.D.	Miss G. Sowton, Bude.

Prior to the Appointed Day of the Act, the average monthly mileage of the Hospital Car Service was 17,522 and the immense increase in the amount of work carried out by the County and Area Organisers will be seen from the following figures, which show the mileage month by month up to the end of the year:—

Prior to 5th July, 1948:

		Mileage	No. of cases carried
Monthly Average	...	17,522	670
Total	...	105,132	4,020

After 5th July, 1948.

July	...	46,890	1,923
August	...	61,039	2,432
September	...	75,956	2,889
October	...	79,933	3,288
November	...	83,136	3,416
December	...	67,594	2,736
Total	...	414,548	16,684
Total for year	...	519,680	20,704

Co-operation with Demanding Authorities.

From the statistics given above, it will be seen that as soon as the ambulance service became free to the public, the demands upon it increased enormously, and it became apparent that, not only on financial grounds, serious as these were, but also in order to prevent a breakdown, (especially where the H.C.S. was involved) steps had to be taken to control, as far as possible, the demands made upon it.

By far the greatest mileage of ambulances is taken up with the routine conveyance of persons to and from hospitals, while the sitting case car service is primarily involved where people attend a hospital for out-patient examination or treatment. Strenuous efforts were made, both by the County Council, and after conferences, by the hospitals concerned, to ensure that there was no abuse of the service. These efforts continue, and it is hoped that, reinforced by a system of co-ordinated control which is contemplated for the coming year, they will have the effect of ensuring that the demands made upon the service are real and that the vast increase in mileage is justified by the needs of the public.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Table III at the end of the Report shows the number of cases of Infectious Disease notified in each Sanitary District in the County during the year, and Table IV gives the total number of cases notified in recent years.

The tenth schedule to the National Health Service Act, 1946, extended to the County Council as Local Health Authority the powers given to Local Authorities under the Public Health Act, 1936, in connection with the removal to hospital of persons suffering from notifiable disease where there is serious risks of infection being spread (Sec. 169); the detention in hospital of an infected person without proper lodging to return to (Sec. 170); the removal to hospital of an inmate of a common lodging house suffering from a notifiable disease (Sec. 244); infectious disease in canal boats (Sec. 254); and extended to the Local Health Authority the protection from personal liability given to members and officers of Local Authorities by that Act (Sec. 305). It also provided for the sending by Local Authority Medical Officers of Health of a copy of every notification received of infectious disease, to the Local Health Authority within twelve hours after its receipt, and for the fees paid by Local Authorities for such notifications to be reimbursed by the Local Health Authority. In practice, it has been found more convenient and more expeditious to have the notifications sent to the Assistant County Medical Officer at the Health Area Office where he becomes possessed of the necessary information both in his capacity as Local Authority Medical Officer of Health and as Assistant County Medical Officer at the same time.

Smallpox

For many years the obligation of so-called compulsory vaccination has been more honoured in the breach than in the observance. Under the Act of 1867, vaccination was indeed compulsory, but in later amending Acts the well-known conscience clause was inserted, which in effect made vaccination compulsory only for those who desired it. It has been recognised for a long time that this veneer of compulsion has tended to produce resistance from those who resent being compelled, so that in this County only about one-quarter of the children born have been vaccinated. By contrast, the Immunisation Scheme against Diphtheria, which has always been of a voluntary nature, has succeeded in persuading the vast majority of parents that immunisation is certainly to be desired. Opportunity was therefore taken under the National Health Service Act 1946, to abolish the mere appearance of compulsion, and place vaccination against Smallpox on the same basis as immunisation against Diphtheria, in the hope that in time this measure would come to be accepted as widely as the more popular immunisation measures against Diphtheria. There is no doubt that it will take time for the ill effects of the older approach to this problem to die out and be replaced by the welcome which is usually accorded to a well-based campaign of persuasion.

The Vaccination Acts of 1867 to 1907 ceased to have effect on 5th July 1948. Therefore the offices of Public Vaccinator and Vaccination Officer have been abolished. The work of vaccination is almost wholly being carried out by General Medical Practitioners, although arrangements are in operation for the work to be done, where necessary, by members of the County Council's Medical Staff. 146 family Doctors are taking part in the Council's Vaccination Scheme, under which lymph is supplied free of charge from the Public Health Laboratory Service.

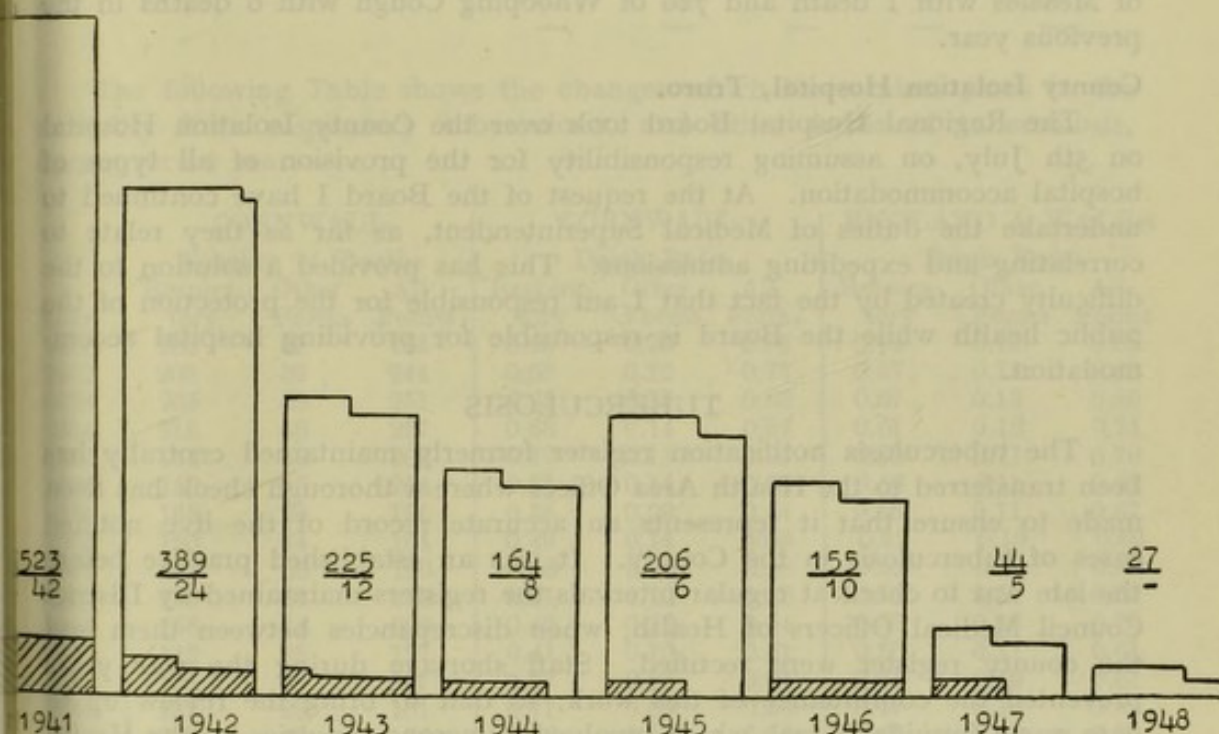
There were no cases of Smallpox in Cornwall in the year 1948.

Diphtheria.

There were no deaths from diphtheria among the 27 cases which occurred during the year. In the previous year there were 44 cases with 5 deaths.

The following diagram, in which cases are indicated by the total outline and upper figure, and deaths by the shaded portion and lower figure, clearly shows the beneficial effects of the intensive immunisation campaign of recent years:—

INCIDENCE AND MORTALITY — CORNWALL.



The situation in Cornwall however cannot yet be regarded with satisfaction. With only 60% of the infants immunised, there is no room for complacency, and a continuing and intensive campaign to raise this figure to a more satisfactory level must be undertaken.

Unfortunately, as in the case of Smallpox, the diminution or absence of the incidence of the disease tends to remove from parents' minds the importance of continuing protection, so that this stimulus must be maintained by constant propaganda showing that the present low incidence and the happy state of affairs in which 12 months have passed without a single death, can only continue with the intelligent support of the parents in the County. The price of freedom is eternal vigilance.

Acute Poliomyelitis.

17 cases of this disease were notified as compared with 32 in the previous year; there were 3 deaths. The cases in the year 1948 occurred in the early part of the year, and should be regarded as the end of the epidemic which commenced in the previous year.

Scarlet Fever.

176 cases were notified, compared with 167 cases in 1947. No deaths occurred in either year.

Enteric Fever.

2 cases of Typhoid, the first cases since 1945, and 1 of Paratyphoid were notified. There were no deaths.

Cerebro-spinal Fever.

4 cases were notified and no deaths occurred, compared with 9 cases and 3 deaths during 1947.

Measles and Whooping Cough.

2,286 cases of Measles with one death and 1,383 cases of Whooping Cough with 9 deaths occurred during the year, as compared with 2,288 cases of Measles with 1 death and 720 of Whooping Cough with 6 deaths in the previous year.

County Isolation Hospital, Truro.

The Regional Hospital Board took over the County Isolation Hospital on 5th July, on assuming responsibility for the provision of all types of hospital accommodation. At the request of the Board I have continued to undertake the duties of Medical Superintendent, as far as they relate to correlating and expediting admissions. This has provided a solution to the difficulty created by the fact that I am responsible for the protection of the public health while the Board is responsible for providing hospital accommodation.

TUBERCULOSIS

The tuberculosis notification register formerly maintained centrally has been transferred to the Health Area Offices where a thorough check has been made to ensure that it represents an accurate record of the live notified cases of tuberculosis in the County. It was an established practice before the late war to check at regular intervals the registers maintained by District Council Medical Officers of Health, when discrepancies between them and the county register were rectified. Staff shortage during the war years prevented the continuance of this work, so that to bring the review up to date was a formidable task which involved numerous enquiries by the Health Visitors and much hard work by the area office staffs. The position at the end of the year was that 1,801 cases remained on the notification register. This figure includes 287 cases notified during the year as compared with 210 cases notified during 1947. The following table shows the new cases notified and the mortality from tuberculosis during 1948.

New Cases and Mortality during 1948.

		New Cases Notified.				Deaths.			
Age Period.		Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
		M.	F.	M.	F.	M.	F.	M.	F.
0—1	...	1	—	—	—	—	1	2	1
1—5	...	—	2	4	2	—	1	1	3
5—15	...	5	6	7	6	1	—	—	3
15—45	...	105	82	3	8	30	31	8	7
45—65	...	29	15	3	2	24	10	2	2
65 and upwards		5	2	—	—	7	7	—	3
		—	—	—	—	—	—	—	—
Totals	...	145	107	17	18	62	50	13	19
		—	—	—	—	—	—	—	—
		252		35		112		32	
		287				144			

The notifications of non-respiratory tuberculosis were as follows:—

	1944	1945	1946	1947	1948
Bones and Joints ...	10	8	9	13	21
Glands ...	10	10	8	7	4
Meninges ...	3	5	2	3	5
Abdomen and peritoneum	7	3	4	1	2
Kidneys and Bladder ...	2	2	2	—	2
Others ...	5	6	1	4	1
	—	—	—	—	—
	37	34	26	28	35
	—	—	—	—	—

The following Table shows the changes which have taken place in the mortality from respiratory tuberculosis, and other forms of tuberculosis, during recent years:—

Year	CORNWALL			CORNWALL			ENGLAND & WALES		
	Number of Deaths			Death Rates			Death Rates		
	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms
1931	203	61	264	0.65	0.20	0.85	0.72	0.16	0.88
1932	205	39	244	0.65	0.12	0.77	0.67	0.15	0.82
1933	205	46	251	0.65	0.15	0.80	0.67	0.13	0.80
1934	214	43	257	0.68	0.14	0.82	0.61	0.13	0.74
1935	154	49	203	0.49	0.15	0.64	0.59	0.11	0.70
1936	159	45	204	0.51	0.14	0.65	0.56	0.11	0.67
1937	168	28	196	0.55	0.09	0.64	0.56	0.11	0.67
1938	150	44	194	0.49	0.14	0.63	0.52	0.10	0.62
1939	147	33	180	0.48	0.10	0.58	0.52	0.10	0.62
1940	169	41	210	0.51	0.12	0.63	0.56	0.11	0.67
1941	156	44	200	0.42	0.12	0.54	0.57	0.13	0.70
1942	142	35	177	0.41	0.10	0.51	0.50	0.11	0.61
1943	155	46	201	0.47	0.14	0.61	0.51	0.10	0.61
1944	132	29	161	0.41	0.09	0.50	0.47	0.10	0.57
1945	136	42	178	0.43	0.13	0.56	0.47	0.09	0.56
1946	132	39	171	0.41	0.12	0.53	0.45	0.08	0.53
1947	138	28	166	0.43	0.09	0.52			0.55
1948	112	32	144	0.34	0.10	0.44			0.51

The dispensary register, on which there were 1,567 cases at the end of 1947, has passed, with the responsibility for clinical tuberculosis work, to the Regional Hospital Board, but the essential close liaison between the dispensaries and the Health Area Offices is secured by the attendance of Health Visitors at the dispensaries. The Tuberculosis Officer, Dr. J. G. Cairns, has supplied the 1948 figures in the table below, which shows the cases diagnosed as tuberculosis at the dispensaries for the past 23 years.

NEW (DEFINITE) CASES.

Year	Respiratory					Non-Respiratory					Respiratory and Non-Respiratory
	Men.	Women	Boys	Girls	Total.	Men	Women	Boys	Girls	Total	Total
1926	136	93	7	3	239	18	18	14	11	61	300
1927	111	89	7	8	215	9	16	16	6	47	262
1928	106	105	10	5	226	11	11	12	5	39	265
1929	110	88	3	3	204	12	17	7	6	42	246
1930	94	92	3	7	196	13	12	13	2	40	236
1931	107	95	4	5	211	9	10	4	4	27	238
1932	102	92	3	3	200	8	15	8	7	38	238
1933	103	73	—	7	183	13	7	2	2	24	207
1934	91	74	1	4	170	12	18	7	8	45	215
1935	87	51	2	—	140	8	10	4	4	26	166
1936	77	66	1	4	148	7	5	4	2	18	166
1937	79	60	6	3	148	12	4	5	1	22	170
1938	92	56	3	—	151	17	11	8	6	42	193
1939	74	64	3	3	144	10	13	8	10	41	185
1940	93	68	5	2	168	10	5	6	9	30	198
1941	97	68	1	5	171	9	6	11	10	36	207
1942	126	58	2	3	189	7	5	9	5	26	215
1943	104	67	2	3	176	10	13	11	8	42	218
1944	93	64	—	—	157	4	17	15	6	42	199
1945	135	82	—	1	218	11	4	5	4	24	242
1946	94	85	1	2	182	7	7	4	7	25	207
1947	154	89	12	16	271	18	20	15	12	65	336
1948	184	133	25	18	360	14	19	21	17	71	431

A disturbing feature of the statistics in this part of the Report is the increase in the number of new cases notified and in the new cases diagnosed at Dispensaries. It is difficult at this stage to say to what extent these increases are due to changes in the personnel of the Tuberculosis Service, and to extended Dispensary arrangements in the County. It will be noticed that the number of deaths from tuberculosis showed a substantial fall compared with the previous year. The number of deaths and notification of new cases in the course of the next year or two will indicate whether this apparent increase in the incidence of Tuberculosis in the County is real or not.

CARE AND AFTER-CARE.

Tuberculosis.

Treatment allowances. The system of treatment allowances under Ministry of Health Memo. 266/T was continued until 5th July, 1948, when it was superseded by the provisions of the National Assistance Act, 1948. This Act, which is administered by the National Assistance Board, has a special scale applicable to cases of tuberculosis.

The environmental circumstances of each newly notified case of tuberculosis are reported upon by a Health Visitor unless the medical practitioner indicates that he does not wish the patient to be visited. The Health Visitor arranges for the patient and contacts to attend at the nearest dispensary, where the report is available to the Tuberculosis Officer.

If a domiciliary visit is necessary, this is arranged by the Health Visitor. The Tuberculosis Officer refers appropriate cases to the National Assistance Board, issues any certificates required, (e.g. for the exclusion of a child from school), and advises the Health Area Office of any such action taken by completing a report form which is forwarded with the report on home conditions and also contains any recommendation the Tuberculosis Officer may wish to make regarding re-housing, the loan of a shelter, bed or bedding, or the grant of extra nourishment, etc.

Recommendations for after-care are made on purely clinical grounds and the decision whether it should be provided by the County Council is made by the Assistant County Medical Officer after investigation of the financial circumstances of the patient.

From 5th July to 31st December, 1948, 109 patients received after care grants, 48 of whom continued to receive grants at the end of the year.

The closest co-operation between the Health Area Office and the National Assistance Board ensures that everything possible is done to secure the social and physical welfare of patients and their families through the financial assistance of the Board and the after-care service of the County Council.

The Tuberculosis Officers, who are responsible for the treatment of tuberculosis, are concerned also with preventive and care work, and are accordingly appointed jointly by the Regional Hospital Board and the County Council.

The nursing of patients in their own homes is undertaken by the County Council's District Nurses and nursing requisites are available from the nurses' loan cupboards.

In addition to the liaison with the National Assistance Board referred to above, close co-operation is maintained with Welfare Officers and with the Children's Officer, who has done invaluable work in arranging for the care of children of tuberculous parents who would be exposed to considerable risk of infection if allowed to remain in their own homes; for the temporary care of children to facilitate the institutional confinement of the mother where this has been necessary for medical or environmental reasons; and in many other directions where the duties of the Children's Department are related to the work of the Health Department.

Workshops and Settlements—The County Council undertook financial responsibility for the training of one patient in Papworth Village Settlement.

Care and After-Care of Other Types of Illness—**Illness generally**—During the year under review much has been done to co-ordinate the health visiting, home nursing and home help schemes and to establish close co-operation between these services and the almoners of local hospitals. Co-operation has also been established with the Welfare Officers and the Children's Officer, the Area Officers of the National Assistance Board and other official and voluntary agencies.

PREVENTIVE MEDICINE.

Public Health administration in this Country owes its origin to attempts by 19th century pioneers to prevent disease and had its beginnings in the first cholera outbreak in 1831 when a Central Board of Health was established as a consultative body to advise as to measures to be taken to control the disease.

The preventive side of the work has for many years been overshadowed by the extensive provision of treatment by health authorities, but with the taking over of the hospitals by Regional Hospital Boards, health departments have now reverted to their original preventive work.

One of the first tasks to be undertaken is the ascertainment of the prevalence of disease and a start has been made in Cornwall on Rheumatic Fever. A plan was drawn up for the voluntary notification of the disease by medical practitioners with a view to securing early treatment in all cases to prevent cardiac debility in later life.

A scheme was also drawn up for the investigation of the incidence of certain non-notifiable diseases, e.g. Pernicious Anaemia and Disseminated Sclerosis, as little is known of the extent or distribution of these conditions in the County.

These enquiries necessarily take considerable time, involving as they do researches into mortality, morbidity, social and economic conditions and many other factors which may have a bearing on the incidence of a particular disease.

It may be that the results of researches in Cornwall will by themselves have little or no apparent significance, but these same results when compared with those obtained in areas with different industries, density of population, geographical and geological conditions, etc., may well throw considerable light on the reasons why a disease occurs. It is then and only then that adequate steps can be taken to stamp it out.

HEALTH EDUCATION.

In 1943 the County Council decided to take advantage of the services of the Central Council for Health Education by contributing to its funds on the basis of an annual contribution of 10/- per 1,000 of the population, the cost being shared equally between the Health and Education Committees.

This body, which is concerned with the prevention of disease generally, has built up an expert staff and a large variety of health education material, the capital cost and overhead expenses of which are met by grants from Local Authorities and the Ministry of Health. Its services to the contributing Local Authorities include residential courses for health visitors and teachers, the services of touring lecturers, and propaganda material and literature, the latter being supplied free to the value of one-sixth of the contribution.

Apart from the special schools and courses run by the Central Council, at which those attending are given a foundation on which to build their future efforts, the work of educating the public in health matters is carried on daily in the homes of the people and in the Child Welfare Centres and Ante-Natal Clinics by the Health Visitors and District Nurse/Midwives. Their efforts include encouraging the breast-feeding of infants and the teaching of mothercraft, the value of vaccination and immunisation, and personal and general hygiene.

With the transfer of emphasis from the curative to the preventive side of the department's function, it is hoped to develop this work in the future. It is, perhaps without exception, the most difficult field in which to measure the results achieved against the effort and money expended, but unquestionably the improvements in health, housing and hygiene which have marked the present century have their origin, at least in part, in the higher standard of education in health matters. Knowledge is power, and here it becomes the power to prolong and save lives.

HOME HELP SERVICE.

For many years the County Council had been running a small Home Help Service, primarily for maternity cases. Two or three whole-time resident Home Helps were engaged under the scheme, but when the opportunity arose with the implementation of the National Health Service Act, a successful scheme which had been in operation in the Borough of Penryn was extended to other parts of the County with the help of the Women's Voluntary Service and the co-operation of district councils and their officials.

This enlarged service which has already proved invaluable, not only in the case of maternity but also in other cases, was operating by the end of the year in the following 14 of the 30 sanitary districts in the County:—

Urban Districts

Bodmin
Bude-Stratton
Camborne-Redruth
Helston
Liskeard
Newquay
Penryn
Penzance
St. Austell
Saltash
Torpoint
Truro.

Rural Districts

Kerrier
Wadebridge

The services of a home help are available upon the written recommendation of a doctor, nurse or responsible officer, and they are allocated to applicants in the following order of urgency:—

- Maternity,
- Temporary illness in active women
(especially where there are children)
- Temporary illness in old people.
- Other cases.

Each case is judged by medical needs only and not by ability to pay. The home help carries out the ordinary domestic work of the housewife, such as cleaning, cooking, mending, shopping, caring for children, but she does no nursing. Home helps will not be sent into homes where infectious disease is present, without the consent of the Medical Officer of Health. Payment for the home help is recovered from the applicant wholly or in part according to the family income.

Twenty-eight whole-time and twenty-eight part-time home helps were employed and attended 200 cases. This includes three resident home helps to serve remote dwellings, and those areas where a local Scheme is not yet organised. In addition each area has a panel of spare-time home helps who can be called upon in an emergency. Many of these cases would otherwise need hospital accommodation and their children would be sent to Children's Homes.

The growing demand on this service shows how much it is needed and appreciated, and plans have been made to extend the Scheme to other areas.

MENTAL HEALTH.

REPORT OF COUNTY PSYCHIATRIST.

Administration.

Constitution and meetings of Mental Health Sub-Committee.

The functions of the Health Committee under the Mental Deficiency Acts, 1913—1938, and the Regulations made thereunder, and the administration of the Mental Health Services in accordance with the National Health Service Act, 1946, with the exception of matters relating to the administrative staff, have been delegated to the Mental Health Services Sub-Committee. The Sub-Committee is made up of 16 members of the Health Committee of the Cornwall County Council. Of these 16 members of the Health Committee, 11 are elected County Councillors and 5 are co-opted members of the Health Committee. Meetings are held quarterly.

Co-ordination with Regional Hospital Boards and Hospital Management Committees.

No formal arrangements have yet been entered into with the Regional Hospital Board or with the Hospital Management Committees for the co-ordination of Mental Health Services. The arrangement whereby the County Psychiatrist sees all cases of mental illness or of mental defectiveness referred to the Local Health Authority, or ensures for them in the case of mental illness treatment in a mental hospital or at the nearest clinic, has been continued. Vacancies for mental defectives in institutions have been strenu-

ously sought and representations have been made to the Regional Hospital Board for more adequate and easily available "Place of Safety" accommodation. Patients on licence throughout the county from Institutions for Mental Defectives have been supervised for various Hospital Management Committees, and all necessary reports and recommendations made.

The After-Care of Ex-Service Personnel.

The after-care of Ex-Service personnel with psychiatric disabilities, and of other neurotics and phychiatrics not requiring in-patient treatment has been continued throughout the year by the National Association for Mental Health. The number of cases so supervised was 58. No voluntary association for Mental Health exists in the County.

Mental Health Workers.

No arrangements have yet been initiated for the training of Mental Health Workers, but in view of the extreme difficulty in getting suitable trained and experienced ones the question of appointing a trainee on probation is being considered.

Account of work undertaken in the community.

Mental Illness.

The County Psychiatrist undertakes work on behalf of the Health Committee and the Education Committee, thus securing a co-ordinated Mental Health Service. It has not yet been possible to initiate arrangements for any scheme of preventive work, but the records of all cases seen at Child Guidance Clinics, or referred otherwise from any source for advice and guidance, will eventually make this possible.

No difficulty has been experienced in securing for mentally ill patients the treatment required at either the mental hospital or Out-Patient Clinic. Patients who require Community Care and who are not otherwise provided for have been cared for under the arrangements made with the National Association for Mental Health.

293 Health Service Patients and 3 private patients were certified between 5.7.48 and 31.12.48.

The after-care of cases referred to the Local Health Authority has been undertaken under the arrangements made with the National Association for Mental Health.

Mental Defectives.

The difficulty in securing accommodation in Institutions for mental defectives has progressively increased throughout the year. Especially has this been so in the case of children. No occupation centres exist at present and with the acute shortage of suitable workers it has not yet been possible to secure the training of defectives in their own homes.

Fifty seven new cases were reported to the Mental Health Sub-Committee during the year, and disposed of as follows:—

- 9 Admitted to Institutions.
- 1 Placed under Guardianship.
- 3 Admitted to "Places of Safety".

41 Placed under Statutory Supervision.

1 Died.

2 No action taken at end of year.

The number of mental defectives on the register on the 31st December, 1948, was as follows:—

Under Guardianship (under Order)	M.	F.	T.
Under 16 years of age	3	2	5
16 years of age and over	16	23	39
In "Places of Safety"	3	2	5
Under Statutory Supervision (excluding cases on licence)			
Under 16 years of age	63	47	110
16 years of age and over	156	164	320
Action not yet taken under any of above headings	2	—	2
No. of above cases awaiting removal to an Institution	61	39	100

The after-care of all mental defectives on licence from Institutions and Guardianship has been carried out by the Local Health Authority.

Transport.

The County Ambulance Service has been available and freely used for the transport of patients whenever necessary. A car hire service is also available for Authorised Officers, who in addition have their own cars, for use whenever necessary. For the transport of defectives to institutions train services have been used in most cases.

NURSING HOMES.

Nursing Homes are not directly affected by the National Health Service Act, 1946, and are still administered under the Public Health Act, 1936.

During the year five applications for registration were received by the County Council. After careful investigation of the premises and practice of the applicants, three of these were approved by the Maternity and Child Welfare Sub-Committee. For reasons connected with staffing and accommodation, and because of the proposed use of the premises for other purposes, which is undesirable, registration was refused in the other two cases. Three Homes were re-registered, and nine registrations were cancelled. Exemption from registration was granted to 13 Hospitals. There were 27 Nursing Homes on the register at the end of the year with 122 maternity beds and 118 beds for other cases. 877 babies were born in Nursing Homes during the year.

Ninety-seven visits of inspection were paid to these Nursing Homes.

Indirectly, the National Health Service Act has affected Nursing Homes and has led to the closing of several. Patients are taking advantage of free medical and hospital treatment or making use of the Home Help Service.

Nursing Homes are suffering from staffing problems owing to the shortage of trained nurses who are willing to work in Nursing Homes, and they experience great difficulty in providing adequate staff to care for their patients day and night.

The County Council decided upon certain standards to be attained when considering the registration of future Nursing Homes, and incorporated them in a leaflet for the guidance of applicants as follows:—

REGISTRATION OF NURSING HOMES.

1. GENERAL.

In considering an application for the registration of a Nursing Home, the County Council may by order refuse to register the premises if they are satisfied, among other things—

- (1) That for reasons connected with the situation, construction, state of repair, accommodation, staffing or equipment, the Home is not fit to be used for a Nursing Home.
- (2) That in the case of a Nursing Home not being a Maternity Home, that the Home is not under the charge of a person who is either a Registered Medical Practitioner or a qualified Nurse who is or will be resident in the Home, or that there is not a proper proportion of qualified Nurses among those employed in the nursing of the patients.
- (3) In the case of a Maternity Home, the person superintending the nursing of the patients is not a qualified Nurse or a Certified Midwife, or that any person employed in attending any woman in the Home in childbirth, or in nursing any patient in the Home, is not either a Registered Medical Practitioner, a Certified Midwife, A Pupil Midwife or a qualified Nurse.

This pamphlet has been prepared as a guide to persons proposing to apply for the registration of premises as Nursing Homes as an indication of the standard required by the County Council.

There are the following types of Nursing Homes:—

- (a) General Nursing Home taking acute medical or surgical cases.
- (b) Maternity Home.
- (c) Home taking chronic sick, aged or infirm persons.

Nursing Homes will not in future be registered to take both maternity and general cases unless the two classes of cases are kept entirely separate, and separate staff is employed for each.

2. NURSING STAFF.

(a) General Nursing Home for medical and surgical cases.

The minimum number of qualified Nurses required before a General Nursing Home can be opened is 3. This number is sufficient for a Home of up to 6 beds. For beds in excess of 6, further State Registered or Enrolled Assistant Nurses will be required, each such additional Nurse being regarded as sufficient for 4 additional beds. Where registration is asked for a Home of more than 18 beds, special consideration will be given to the staffing requirements.

(b) Maternity Homes

A minimum of 3 qualified Nurses or State Certified Midwives will be required before a Maternity Home may open. This number is sufficient for the first 6 beds. For beds in excess of 6, further Nurses who may be Enrolled Assistant Nurses will be required, each such additional Nurse being regarded as sufficient for 3 additional beds. Where registra-

tion is asked for a Home of more than 15 beds, special consideration will be given to the staffing requirements.

The staff of a Maternity Home should not at the same time practise as midwives outside the Home.

(c) Home for the Chronic Sick.

A minimum of 3 Nurses will be required, 2 of whom should be State Registered Nurses, for a Home for the Chronic Sick, this number being sufficient for 8 beds. For beds in excess of 8, additional Nurses who may be Enrolled Assistant Nurses will be required, each such additional Nurse being regarded as sufficient for 5 additional beds. Where registration is asked for a Home of more than 18 beds, special consideration will be given to the staffing requirements.

In every type of Nursing Home, two qualified Nurses or Midwives must sleep on the premises, and adequate sitting-room accommodation must be provided, together with bath-room, W.C., etc.

3. PREMISES.

(1) Accommodation Standards

The following minimum accommodation standards are recommended:—

(a) General Nursing Home.

Floor space should be allocated at the rate of 100 sq. ft. per bed for an adult, and 80 sq. ft. per bed for sick children. In either case, 8 ft. will be allowed between bed centres.

(b) Maternity Homes.

Floor space should be allocated at the rate of 100 sq. ft. per patient, with 8 ft. separation between bed centres. Where a separate Nursery is provided, the number of cots permitted should be on the basis of 30 sq. ft. per cot. Whenever possible, the Committee advise that single rooms should be use for maternity cases. Where this is done, an isolation room and labour ward are not required, but where the Home has wards containing 2 or more beds, a separate labour ward and isolation ward must be provided. All lying-in rooms should have fitted lavatory basins.

(c) Homes for the Chronic Sick.

Floor space should be allocated at the rate of 70 sq. ft. per patient, and 7 ft. between bed centres.

(2) Sanitation

At least one sluice room, one patients' bathroom, one patients' lavatory and W.C. must be provided on each floor. A separate bathroom, lavatory and W.C. must be provided for staff purposes.

(3) Communications.

Satisfactory arrangements should be made whereby patients can communicate with the staff by day or night, preferably by means of electric bells.

(4) Furnishings.

Floors should be covered with linoleum or rubber. Satisfactory wood floors, well polished, may however be approved. Surplus furniture, curtains, hangings, etc., should be removed. Carpets should not be used in rooms registered for maternity or surgical purposes. The walls of all rooms approved for the reception of patients must have a washable surface of distemper or paint.

(5) Fire Precautions.

Where the County Medical Officer does not consider precautions against fire are adequate, he may call for inspection by the Chief Fire Officer who will define the requirements in each individual case. In operating theatres and other portions of the premises where ether or other inflammable anaesthetic is used, heaters which involve the use of a naked flame or exposed electric element will not be used. Where confinements take place in bedrooms, heating should be by gas or electric fire which should be extinguished during the administration of an anaesthetic, or by means of enclosed electric element heaters.

(6) Poisons.

A poison cupboard with lock must be provided. It should preferably be in the Matron's room, and in any case must not be in a room where patients are accommodated.

(7) Kitchen premises.

Kitchen equipment, washing-up facilities, and food storage arrangements will be inspected and must be adequate for the number of beds to be served.

(8) Domestic Animals.

The keeping of domestic animals such as dogs and cats is undesirable in Nursing Homes.

4. INFECTIOUS DISEASES.

Cases of Infectious Disease which include pulmonary tuberculosis, may not be admitted to any Nursing Home without the permission of the County Medical Officer. Should a case of infectious disease develop in a Nursing Home or Maternity Home, the Medical Officer of Health will be notified immediately and no further patients admitted until the infected patient has left the Home and adequate disinfection has been carried out.

5. RE-REGISTRATION OF NURSING HOMES.**Change of ownership**

Registration under the Act is of the person or persons and in respect of the Nursing Home named in the Certificate of Registration, and is not transferable. Any change in the ownership of a Nursing Home necessitates the making of a fresh application to the Clerk of the County Council, County Hall, Truro, for registration.

6. MISCELLANEOUS.

In any case where it is desired to alter the number of beds in or the type of patients to be admitted to a Nursing Home, application must be made to the Clerk of the County Council.

The use for other purposes such as for letting to lodgers of rooms registered for the reception of patients is not approved, and the Clerk of the County Council should be notified of any proposed alteration of use of rooms. Sanction will not be granted for any part of a house used as a Nursing Home to be used as a Boarding House.

NURSERIES AND CHILD MINDERS REGULATION ACT 1948.

On the 17th August, the Ministry of Health issued circular 143/48 regarding the above-named Act, which places a duty upon the local health authority to keep registers of, and empowers them to supervise:—

- (a) Premises (referred to in the circular as day nurseries) in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or substantial part thereof or for any longer period not exceeding 6 days.
- (b) Persons (referred to in the circular as daily minders) in their area who for reward receive into their homes children under the age of 5 to be looked after for the day or substantial part thereof or for any longer period not exceeding 6 days.

The local health authority can impose conditions for registration covering such matters as the maximum number of children which can be received; the precautions which have to be taken against the exposure of children to infectious diseases; qualification and numbers of staffs; the maintenance of the premises; arrangements for medical supervision; provision of suitable and adequate food. The Council approved the registration of one day nursery, having accommodation for 12 children.

BLIND PERSONS

Sections 29 and 30 of the National Assistance Act 1948, which came into operation on 5th July 1948, superseded much previous legislation for blind persons and gave Local Health Authorities the power (subsequently made a duty by direction of the Minister of Health) to promote the welfare of blind and partially-sighted persons.

Local Health Authorities are precluded by this Act from giving financial assistance to the blind, except to those for whom they provide work, this duty having been taken over by the National Assistance Board. The Act permits the Local Health Authority to carry out its duties through duly registered voluntary bodies, and advantage was taken of this permissive clause to arrange for the work to be continued by the Cornwall County Association for the Blind. The scheme required by the Act was made by the County Council on the 9th November 1948, but had not received the Minister's approval at the end of the year.

There are 6 Home Teachers, five sighted and one blind. The Home Teaching service of the County Blind Association includes regular visits to the blind and observation cases, instruction in Moon and Braille reading, assistance in obtaining pensions, etc., and advice on the prevention of blindness. There are 15 blind Home Workers in the County.

Prevention of Blindness. The Council have for many years had a system of voluntary notification by medical practitioners of persons threatened with blindness.

There were 763 registered blind persons on 31st March, 1949, (304 males and 459 females), a decrease during the 12 months of 13. There were also 192 observation cases. The following Table shows the age groups of blind persons:—

Age Period.	Males.	Females.	Total.
0—1	—	—	—
1—5	1	1	2
5—16	6	3	9
16—21	5	3	8
21—40	19	26	45
40—50	26	24	50
50—65	67	76	143
65—70	43	58	101
Over 70	137	268	405
Totals	304	459	763

Ages at which Blindness occurred.

Age Period.	Males.	Females.	Total.
0—1	27	33	60
1—5	4	1	5
5—10	8	12	20
10—20	15	15	30
20—30	21	20	41
30—40	26	25	51
40—50	36	45	81
50—60	39	77	116
60—70	50	88	138
Over 70	78	143	221
Totals	304	459	763

Blind Children of School Age, 5—16

	Normal.	Educationally Sub-Normal	Physically Defective.	Total.
In Schools for the Blind	5	—	—	5
Other Schools	—	—	—	—
Not at School	1	2	1	4
Totals	6	2	1	9

Training and Employment (Age period 16 and upwards).
Employed—

	Males	Females	Total
By Blind Organisations			
(a) Workshops ...	1	—	1
(b) Home Workers ...	7	8	15
All others not included in (a) or (b) ...	29	9	38
Total employed ...	37	17	54
Undergoing Training—			
Industrial ...	2	1	3
Secondary ...	—	—	—
Professional or University ...	—	1	1
Total undergoing training ...	2	2	4
Trained but Unemployed ...	—	—	—
No Training but trainable ...	1	1	2
Unemployable ...	257	435	692
Totals ...	297	455	752

Physically and Mentally Defective (all ages).

	Males	Females	Total
(a) Mentally Defective ...	26	25	51
(b) Physically Defective ...	18	19	37
(c) Deaf ...	18	44	62
(d) Combination of (a) and (b) ...	4	2	6
(e) Combination of (a) and (c) ...	1	2	3
(f) Combination of (b) and (c) ...	1	0	1
(g) Combination of (a), (b), (c) ...	—	—	—
Totals ...	68	92	160

Unemployable persons resident in Homes for the Blind, Mental Hospitals, or former Public Assistance Institutions.

	Males	Females	Total
Homes for the Blind ...	6	9	15
Mental Hospitals ...	6	6	12
Former Public Assistance Institutions ...	8	15	23
Totals ...	20	30	50

INSPECTION AND SUPERVISION OF FOOD.

Milk (Special Designations) Orders, 1936 and 1938. These Orders provide that no person may use a "special designation" for any milk unless there is in force a milk licence authorising the use of that designation in connection with that milk, nor may any description be used in regard to the

sale of milk which is calculated falsely to suggest that the cows are free from tuberculosis or that the milk has been graded or tested by any competent person.

The County Council is responsible for the granting of licences for the production of Tuberculin Tested milk and Accredited milk. In granting these licences the County Council works in close touch with the local Sanitary Authority, whose officers are invariably consulted before the issuing of any such licence is recommended.

					Tuberculin Tested. Accredited.	
No. of licences on 31st December, 1936					...	36 232
"	"	"	"	1937	...	36 299
"	"	"	"	1938	...	60 328
"	"	"	"	1939	...	96 400
"	"	"	"	1940	...	100 462
"	"	"	"	1941	...	104 471
"	"	"	"	1942	...	105 486
"	"	"	"	1943	...	125 497
"	"	"	"	1944	...	187 476
"	"	"	"	1945	...	231 420
"	"	"	"	1946	...	286 451
"	"	"	"	1947	...	349 436
"	"	"	"	1948	...	437 434

The following number of samples were taken during the year, with the results shown:—

				Tuberculin Tested. Accredited.	
No. of samples taken	...	...	...	1,654	1,337
"	"	satisfactory	...	1,253	990
"	"	unsatisfactory	...	401	347

The unsatisfactory samples were made up as follows:—

Failed Methylene Blue Reductase Test	154	114
Excessive bacillus coli content	127	121
Failed Methylene Blue Reductase Test and Excessive B.Coli content	120	112

Examination of Milk Samples for Tuberculosis.

The following number of samples of milk from Tuberculin Tested and Accredited Herds have been submitted to biological examination, with the results shown:—

		No. found to		No. found to	
	Tuberculin Tested	contain tubercle	Accredited	contain tubercle	
	Herds.	bacilli.	Herds.	bacilli.	
1941	...	4	—	57	—
1942	...	1	—	68	—
1943	...	4	—	36	—
1944	...	3	—	44	—
1945	...	—	—	39	—
1946	...	2	—	62	—
1947	...	3	1*	53	—
1948	...	—	—	15	—

*a subsequent retest proved negative.

Milk in Schools Scheme.

This scheme continues to run satisfactorily and all children in schools are enabled to get free milk under arrangements made by the Ministry of Food.

No schools were without a milk supply at the end of the year although 5 schools were being supplied with dried milk, owing to our inability to find a fresh milk supplier.

Type of Milk	No. of Suppliers.		No. of Schools		No. of children taking milk in	
	Dec.1948	Dec.1947.	Dec.1948.	Dec.1947.	Oct.1948.	Oct.1947.
T.T.	26	32	47	53	2,882	3,194
Accredited	16	19	21	28	1,454	1,794
Boiled	38	43	38	43	1,462	1,598
Pasteurised	27	27	262	239	22,932	21,592
Total	107	121	368	363	28,730	28,178

Adulteration.

The following is the report of the Chief Inspector under the Food and Drugs Acts, for the year ended 31st March, 1949:—

During the year 1,364 samples were taken the particulars of which are shown in the following table:—

Name of Sample	Number	Number adulterated or not up to standard
Milk	... 924	24
Butter	... 36	2
Margarine	... 13	
Suet, Cooking Fat, Culinary Oils	... 29	4
Tea	... 13	
Coffee	... 13	
Ice Cream	... 19	
Cocoa	... 4	
Sugar	... 3	
Cheese	... 1	
Honey, Jams, Marmalade	... 21	
Drugs	... 7	
Spirits	... 17	1
Wines	... 1	
Evaporated, Malted, Condensed and Iced Milk	9	1
Beer	... 2	
Confectionery	... 19	2
Baking Powder	... 11	
Vinegar	... 25	2
Meat and Fish Products	... 30	7
Fruit and Fruit Juices	... 27	1
Vegetables	... 5	
Fried Fish	... 2	
Greasing Compound	... 1	
Sweetened Fat	... 2	
Gelatine and Jelly	... 8	1
Mince-meat	... 4	
Condiments, Spices and Stuffing	... 34	2
Soups, Sauces and Pickles	... 27	
Flour, Pudding and Cake Mixtures	... 12	1
Cereals	... 5	
Flavours and Essences	... 19	1
Synthetic Colouring and Gravy Browning	... 10	
Salad Cream	... 2	
Cakes and Pastries	... 5	
Custard Powder	... 1	
Bi-carbonate of Soda	... 1	
Rennet	... 1	1
Potato Crisps	... 1	
	1,364	50

Two commodities, namely cooking fat and sausages, have given rise to unusual proceedings during the year. The first mentioned which was being sold "Off the Ration" about Christmas time proved to be a valueless substance amounting to emulsified paraffin wax. Unfortunately it was only distributed to small shopkeepers and the manufacturers and wholesalers

had been very careful not to use the words cooking fat in their invoices. However, as a result of sampling and consultation with the Wholesalers the substance has disappeared from the market.

Samples of sausages taken in certain instances showed a complete disregard of the requirement of 50% meat content, and were as low as 19%, 20% and 22%. As the orders setting the Standard were made by the Ministry of Food the prosecutions were taken by them and, in all cases, convictions obtained, in one case a fine of £50 and costs imposed.

One milk sample showed the addition of 54% water and the penalty of £10 imposed by the Magistrates is only another indication of the need for the revision of the maximum penalties under the Act which were fixed in 1938 at £20 for a first offence.

The appearance in some shops in the County of substances which are spurious and which have been supplied through a long chain of Wholesalers sometimes give rise to great difficulty in finding the guilty party. One such substance was a so called Malt Vinegar which, on being sampled, proved to be artificial and also of poor quality. On enquiries being made in London it turned out that the name and address on the bottle were false. However, proceedings are now being taken against the London Wholesalers and it will be up to them to find the so called "maufacturers."

REPORT OF COUNTY SANITARY OFFICER.

The following is a summary of the work carried out during the year:—

Farm premises inspected where structural alterations are required	115
Farm premises re-inspected	54
Pasteurising Plants and other dairy premises inspected	207
Plans of dairies and cowsheds prepared	65
Specifications of works prepared	74
Sewage disposal works inspected	120
Manufactures and trade premises visited	9
Visits in relation to sea outfalls (sewage)	16
Visits in relation to works of water supply	10
Visits to school premises	68
Visits to Agricultural Hostels	35
Ministry of Health Inquiries attended	5
Samples of water submitted for analysis	84
Samples of pasteurised milk submitted for examination	213
Samples of sewage effluent submitted for examination	99
Samples of river water and trade wastes submitted for examination	56

PASTEURISED MILK—REGULATION 55G

There are eight large dairies in the County at which pasteurisation of milk is carried out, dealing with upwards of 120,000 gallons of milk per day, of which approximately 70,000 gallons per day are pasteurised. These premises are licensed by the respective local authorities under The Milk (Special Designations) Order, 1938, for the pasteurisation of Milk.

In accordance with the requirements of Regulation 55G, 213 inspections of these dairies were made during the year, and samples of the milk taken and submitted for examination.

Of the 213 samples examined, 201 were satisfactory and 12 unsatisfactory; the results of the examinations of all samples are furnished to the Managers of the Dairies, the Medical Officers of Health, and Sanitary Inspectors of the districts in which the dairies are situated.

All unsatisfactory samples are followed up by taking further samples after advice is given on the possible cause of failure of the samples to comply with the conditions laid down.

A monthly report is made to the Ministry of Food.

Samples of heat-treated milk have been taken regularly for analysis by the Food and Drugs Department and of 101 samples the average fat content was found to be 4.08, while the average non-fatty solids was 8.85.

MILK AND DAIRIES.

Following applications for licences to produce Tuberculin Tested or Accredited milk, 115 premises have been visited along with the Dairy Advisory Officer, where structural alterations were required and 54 premises re-inspected where works were in progress or had been completed.

Plans of new buildings or adaptations of existing buildings have been prepared in 65 cases and 74 specifications furnished, as a result of which a number of new cowsheds have been erected and many existing buildings modernised.

A booklet on Cowshed and Dairy Construction printed and distributed on behalf of the County Council in May 1946 has proved very helpful in this work and the demand has been such that a further 500 has been printed.

THE ICE-CREAM (HEAT TREATMENT) REGULATIONS, 1947.

The above Regulations came into operation on the 1st May, 1947, and placed upon District Councils and Borough Councils the responsibility of the registration and supervision of premises where ice-cream is manufactured and sold, and also the duty of taking samples.

In conjunction with the Cornwall Branch of the Sanitary Inspectors' Association and with the co-operation of the Ice-Cream Alliance, a standard of requirements in connection with premises and methods was set up for Cornwall.

In March, 1948, further proposals were circulated throughout the County as a result of a joint meeting between representatives of the Sanitary Inspectors' Association (S.W. Centre) and the Ice-Cream Alliance (S.W. Division).

These proposals are to remain for one year, after which time consideration is to be given to incorporating such proposals, modified if necessary by experience, in a recommendation to the Ministries of Health and Food, that regulations be framed for the hygienic control of the Ice-Cream Trade.

Under the Regulations there has been prescribed no legal standard of cleanliness for ice-cream, but a form of Methylene Blue test has been recommended by the Minister of Health, and this examination has, in fact, been adopted as the unofficial test. According to the quality of the ice-cream, four grades have been set up, numbered one to four, and the Minister

suggests that, if, out of the four grades recommended, ice-cream consistently fails to reach grades one and two, it would be reasonable to regard this as indicating defects of manufacture or handling which call for further investigations.

During the year 1948, 533 samples have been submitted to the County Laboratory for examination and the County Pathologist has been good enough to furnish the results of samples submitted to him.

Month	Hot Mix				Cold Mix				Unknown				Totals
	1	2	3	4	1	2	3	4	1	2	3	4	
January	—	—	—	—	—	—	—	—	—	—	—	—	—
February	—	—	—	—	—	—	—	—	—	—	—	—	—
March	—	—	—	—	—	—	—	—	—	—	—	—	—
April	—	—	—	—	—	—	—	—	—	—	—	—	—
May	—	—	—	—	—	—	—	—	16	14	9	3	42
June	—	—	—	—	—	—	—	—	29	15	17	8	69
July	9	23	31	35	—	10	5	6	2	—	1	3	125
August	11	26	19	44	4	6	6	5	1	6	4	2	134
September	27	27	26	23	4	1	7	4	3	2	—	1	125
October	6	7	1	4	3	5	1	—	1	—	1	—	29
November	3	—	1	—	—	—	—	—	3	—	—	—	7
December	—	—	—	—	2	—	—	—	—	—	—	—	2
Totals	56	83	78	106	13	22	19	15	55	37	32	17	533

VOLUNTEER AGRICULTURAL CAMPS AND HOSTELS

During the year 35 visits were made to the 19 camps and hostels established within the County.

The premises consisting of large houses adapted for the purpose or camps of huts of various types, are inspected for general sanitary conditions including:—water supply; sewerage and sewage disposal; overcrowding of rooms; provision of ablutions, bathing, sanitary conveniences, recreation, laundry etc. Samples of sewage effluents are taken regularly and submitted for examination, and samples of water have been taken and submitted for bacteriological examination where the supply is not from a public main.

Reports are made to the Hostels Officer of the Cornwall Agricultural Executive Committee on the general condition of the camps and hostels and the results of the examination of all samples of water and sewage effluents are communicated to him.

Situation of Camp	No. of Volunteers		
	Male	Female	Both Sexes

Volunteer Agricultural Camps

Saltash—Hatt	...	40	40	—
Newquay—Trebelzue, Tregustick (1)	...	60	60	—
Truro—Polwhele	...	—	—	60
Helston—Dry Tree	...	66	24	—
St. Just in Roseland—Place House, St. Antony	...	—	—	100
*Penzance—Kenegie, Gulval	...	—	—	118

*This includes 32 Welsh miners suffering from Silicosis and similar complaints.

Situation of Camp	No. of Volunteers		
	Male	Female	Both Sexes
Polish Hostels			
Callington—Moss Site	... 43	—	—
Camborne—Clowance, Praze	... 37	—	—
Pelynt, Nr. Looe—Trelawne Barton	... 24	—	—
European Volunteer Camps			
Truro—Treliske	... 92	—	—
Falmouth—Mylor Bridge	... 110	—	—
Hayle—St. Erth	... 38	—	—
Hayle—Penmare	... 38	—	—
St. Gennys—Wainhouse Corner	... 29	—	—
Saltash—Bake, Tideford	... 108	—	—
Newquay—Trebelzue, Tregustick No. 4	... 50	—	—
Bodmin—St. Teath	... 38	—	—
Agricultural Trainee Camp			
Callington—Stokeclimland	... 12	—	—
Civilianised German Camp			
Launceston—Pennygillam	... 44	—	—

MINISTRY OF HEALTH INQUIRIES

The following Inquiries held by the Ministry of Health within the County were attended during the year:—

- (1) **St. Austell R.D.C.**—8th January at the Church Room, St. Mawgan, in connection with an application by the Rural District Council to the Ministry, to borrow the sum of £29,200 for works of water supply in the parishes of St. Mawgan-in-Pydar and St. Columb Major.
- (2) **Falmouth Borough**—17th February at the Municipal Buildings, Falmouth, in connection with an application by the Borough Council for an Order under Section 10 of the Water Act, 1945, to vary their limits of supply by:—
 - (a) the addition of the Parish of Mawnan and part of the Parish of Constantine (Kerrier R.D.)
 - (b) the exclusion of part of the Parish of St. Gluvias (Kerrier R.D.)
 - (c) the exclusion of part of the Parish of Mylor (Truro R.D.)
- (3) **Truro R.D.C.**—19th February at the Rural Council Hall, Truro, in connection with an application by the Rural District Council for sanction to borrow £161,770 for works of water supply in the parishes of:—
 - (a) Ladock, Probus, Tregoney, Ruan Lanihorne, Veryan, Philleigh, Gerrans, St. Just-in-Roseland.
 - (b) Perranzabuloe.

- (4) **Bude-Stratton U.D.C.**—28th September at The Castle, Bude, in connection with an application by the Urban District Council to borrow the sum of £14,200 for works of sewerage at Poughill and Stratton.
- (5) **Stratton R.D.C.**—29th September at The Castle, Bude, in connection with an application by the Rural District Council to borrow the sum of £2,065 for works of sewerage and sewage disposal at Bangors in the parish of Poundstock.

SANITARY SURVEY OF SCHOOLS

The sanitary survey of schools where the water supply is not obtained from public mains was completed during the year.

The survey covered 136 schools out of the 339 schools existing in the County, which would appear to indicate that 60% of the schools obtain their water supply from public mains, and 40% from other sources. From these other sources of supply 161 samples of water were taken and submitted for bacteriological and chemical examination. Of these, 127 samples proved on examination to be satisfactory and 34 unsatisfactory.

The reports relating to the premises from which the 34 unsatisfactory samples were taken have been sent to the Secretary for Education with recommendations as to what steps to be taken. Of these 34, 15 also supplied several houses in addition to the school, and in these cases a communication was sent to the Medical Officer of Health and the Sanitary Inspector in whose district the houses were situated.

In 12 of these cases the source of pollution was dealt with, 5 by the County Education Authority and 7 by local authorities where the source of water was supplying houses in the vicinity of the school. This work has included the cleaning out and the repair to wells and pumps, and the repair and cleansing of collecting chambers and reservoirs.

There were 7 schools in which the source of supply to the canteen was separate from the source of water supply to the school. Separate samples were taken from these sources of supply and on examination 6 proved to be satisfactory and 1 unsatisfactory.

In 47 of the schools the drinking water was laid on to the school taps or to the canteen, but in 89 of the schools the drinking water had to be carried in various types of utensils and stored in the school.

Water Supply Sources

The sources from which the water supplies to these schools were obtained included 96 wells, 30 piped supplies from local reservoirs, from which the water either gravitated, or was pumped by a ram, and 14 springs. Four schools were without water supply other than from rain water tanks and 7 were supplied from shutes or similar sources.

The remaining sources of supply of which the samples proved on examination to be unsatisfactory are in course of being dealt with by the Education Department or by the local authority concerned.

Scope of Survey

Apart from the question of water supplies to the schools, enquiries were made with regard to the accommodation for ablutions, the type and condition of sanitary conveniences, and the system of dealing with school milks.

Ablutions

It was found that water was laid on to the cloakrooms at each of 103 schools, this in many cases being stored rain water from tanks in the roof; the remaining 33 having no water laid on for ablution purposes. In the majority of these latter cases portable bowls were provided for ablution purposes, the water having to be carried. The contents of these bowls after use being in a number of cases disposed of in an unsatisfactory manner.

Sanitary Conveniences

Of the 136 schools visited there were 32 schools served with water closets, of which 22 were drained to cesspools and 10 drained to the sewer or to a local drainage system. Of these water closets, 9 were trough closets which are an obsolete type of water closet. Of the 104 schools on the conservancy system, 66 schools were provided with pails and 38 with privies.

Of the schools served with pails and privies 8 were provided with a piped supply of water, and it would appear that such conveniences were therefore capable of being converted to the water carriage system. The remaining schools on the conservancy system were without a piped supply of water to the school.

School Milk

Of the 136 schools, 30 were supplied with T.T. or Accredited milk, of which 16 schools were supplied with milk in bottles and 14 in bulk. 55 schools were supplied with pasteurised milk in bottles. 38 schools were supplied with ordinary milk, two only of which were supplied in bottles. 8 schools used dried milk and in 5 schools no arrangements were made for the supply of milk. Where milk is supplied to a school in bulk or dried milk is used, beakers or similar vessels are used by the pupils for consuming the milk, and in 19 cases arrangements were made for the washing of these utensils in the canteen or servery, in 38 cases the utensils were washed in the school by one or more of the pupils, and in 3 cases the arrangements were that the caretaker be responsible for the washing of these utensils. It would appear that there is very little likelihood, where the drinking vessels are washed by the pupils or by the caretaker, of their being properly scalded or sterilised, and some alternative arrangement should be made.

Conclusion

This survey has taken some 22 months to carry out, as no visits were made when the schools were closed during holiday periods.

All samples of water taken were submitted for both chemical and bacteriological examination. It is intended to continue the sampling of the water supplies at all the schools, giving priority to those at which unsatisfactory samples were obtained, and submit all these samples for bacteriological

examination only, as it is very unlikely that there will be any change in the chemical composition of the water.

The survey has been confined to those schools not supplied with water from public mains as it was assumed that where the schools were being supplied with water from the public mains, such supply would be under constant supervision and therefore its purity and wholesomeness in no doubt.

In addition to the unsatisfactory samples of water all sanitary defects to which attention was called were reported to the Education Department for the necessary action to be taken.

RIVERS POLLUTION PREVENTION ACTS

Sewage Disposal Works. Under the above Acts 120 visits were made to works of sewage disposal and 99 samples of sewage effluents taken and submitted for examination, of which 25 proved to be satisfactory and 74 unsatisfactory or bad.

The results of the examinations of these samples, together with observations on the condition of the works have been sent to Medical Officers of Health and Sanitary Inspectors or Surveyors of the respective local authorities, and to Clerks of Works or Engineers-in-charge of Service Stations, and to the Executive Officer of the Cornwall Agricultural Executive Committee.

Of the 99 samples taken, 61 were taken from works of local authorities, of which 6 were satisfactory and 55 unsatisfactory. 25 samples were from works serving R.A.F., R.N.A.S. or Military camps, of which 18 were satisfactory and 7 unsatisfactory. The remaining 13 samples were taken from works at Agricultural camps and hostels, of which only 1 was satisfactory and 12 unsatisfactory.

The samples from the works of local authorities continue generally unsatisfactory due to some of the works being of an obsolete design but mainly to lack of proper maintenance and supervision.

A considerable improvement is shown in the effluents from the works at the Service camps and this is due to greater attention being paid to the maintenance of the works by the Engineers-in-charge of the camps.

The effluents from the works at the Agricultural camps and hostels are mainly unsatisfactory. This may, to a great extent, be due to the fact that the works were designed originally for large numbers of service personnel. As the camps now being occupied by a comparatively small number of agricultural workers, in consequence of which the sewage is retained in the settling tanks for too long a period and becomes septic before being passed to the filters. To overcome this would necessitate the reduction of settling tank capacity to enable the sewage to be passed more rapidly throughout the works.

River Surveys. The following river surveys have been carried out during the year, and manufactures visited respecting the discharge of trade wastes include Gas Works, Laundries, Slaughter-houses, Knackers Yards, Tanneries and Wool washing.

- (1) River Fowey—A survey of the River Fowey and its associated tributaries was carried out on the 15th April, and 15 samples obtained.

river waters and trade wastes were taken and submitted for examination.

- (2) River Tamar—A survey of the River Tamar was carried out on the 12th and 19th July, and 21 samples of river waters were taken and submitted for examination.
- (3) River Ottery—A survey of the River Ottery, a tributary of the River Tamar, was carried out on the 6th October, and 8 samples of river water were taken and submitted for examination.
- (4) River Inny—A survey of the River Inny, a tributary of the River Tamar was carried out on the 13th October, and 9 samples of river water and sewage effluents were taken and submitted for examination.

The results of the examination of the above samples showed the general standard of each river to be good.

During these surveys the appropriate representatives of manufacturies and officers of local authorities are interviewed and their various processes discussed and recommendations made, where necessary, for the improved treatment of trade wastes or sewage; the results of the examination of samples of trade wastes or sewage effluents are furnished in all cases.

Where improvements are recommended these are "followed up" and further samples taken after the works have been carried out.

RATS AND MICE (DESTRUCTION) ACT, 1919.

INFESTATION ORDER, 1943.

The work under the above Act and Order has been continued throughout the year in the rural districts of Camelford, Launceston, Stratton and West Penwith.

In the three rural districts in the north east of the County there is a team consisting of a Pests Officer and an operator, and in the West Penwith area there is one man to carry out the necessary survey work and the treatment of premises found to be infested. This Officer commenced duties on the 1st June, 1948.

The methods adopted in the disinfestation of premises are those laid down by the Ministry of Agricultural and Fisheries and include the laying of bait without poison for several days, and then follow up with poison bait. The poison used being Arsenious Oxide and Zinc Phosphide and the bait Sausage Rusk.

A considerable amount of work has been carried out at refuse dumps of local authorities and test baiting of sewers has been done in the Camelford Rural District.

The following is a summary of the work carried out during the year:—

No. of premises visited	...	2,844
Total infestations found	...	698
Infestations in private premises	...	395
Infestations in business premises	...	98
Infestations in refuse tips	...	14

Operations

Total effective man-hours	...	2,750
Total ineffective man-hours	...	1,412
Ineffective time, e.g.	Travel time from home to town or village to be surveyed, time spent on records etc.	
No. of premises treated by poison	...	388
No. of pre-baits	...	8,203
No. of poison baits	...	3,057
No. of post baits	...	2,867
Estimated No. of rats and mice destroyed by poison	...	3,069
No. of premises treated by traps	...	48
No. of rats and mice destroyed by traps	...	356
No. of rats and mice destroyed during period	...	3,425
No. of minor infestations treated	...	340
No. of major infestations treated	...	39
No. of reservoir infestations treated	...	—
No. of premises treated by operators	...	389
No. of premises treated by occupiers under supervision of Pests Officer	...	89

1. Minor

This term should be confined to infestations with less than 20 rats.

2. Major

These are infestations of between 20 and 200 rats.

3. Reservoir

These are infestations of over 200 rats.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.**Water**

Since the coming into operation of the above Act the following schemes of water supplies have been submitted to the County Councils by local authorities or other water undertakings:—

District Council or Water Undertaking	Particulars of Scheme	Est. Cost £	Remarks
Penzance Borough	Penzance Borough St. Just U.D.	300,000	Trial holes completed and site for dam proved satisfactory
	West Penwith R.D. Gulval	2,000(a)	
St. Ives Borough	St. Ives Borough Zennor & Towednack	36,000	—
Camborne-Redruth U.D.	St. Day and Carharrack	7,562	Works completed
	St. Day and Carharrack Branch mains	7,962	Works completed
	Lanner and Scorrier	9,367	Works completed
	Troon, Pencoys, Bolenowe, Carnkie, Knave-go-by, Treskillard, Four Lanes, Piece and Bosleake	43,565(a)	—
Newquay U.D.	Crantock	5,738(a)	Scheme completed
	Tregurrian	1,350	Scheme completed

District Council or Water Undertaking	Particulars of Scheme	Est. Cost £	Remarks
Camelford R.D.	Rural District	91,350	—
	*Helstone, Newhall Green, Trewalda, and Polstraul	5,225	Approved by Ministry not yet commenced
Kerrier R.D.	Trewennack	2,944(a)	Works completed
	*Grade Ruan and Landewednack	46,496	Awaiting Ministry approval
	*Godolphin Cross and Breage	8,032	Ministry approval obtained, work to commence almost immediately
	*Budock Water, Mawnan, Mawnan Smith, Treharworthal, Porth Navas	37,910	Awaiting Ministry approval
	*Stithians (Intake Scheme)	?	
St. Austell R.D.	Golant	1,050	Completed
	Hewas Water	637	Completed
	Roche	488	Completed
	De Lank extensions from Wadebridge	112,000	—
	Lower Sticker, Polgooth		
	Trewithen Lane End	2,400	Completed
	St. Mawgan and Trenance	29,200(a)	Ministry's approval received
	Treviscoe and Trerice	5,600	70% completed
St. Germans R.D.	Gunnislake and Hatches Green	621	Completed
	Narkurs	1,057	Completed
	St. John and Millbrook	2,340	Completed
Truro R.D.	Tregoney etc.	121,190	—
	Perranzabuloe	2,385	Ministry approved grant of £800. C.C. annual grant of £40 12s.8d. 30 years. Work to commence 1st February, 1949
	Mylor etc.	88,020	—
	Mitchell	1,550	—
	Shortlanesend	2,500(a)	Works completed.
	Newlyn East	15,050	Ministry approved grant of £400. C.C. annual grant of £203.3s.0d. 30 years Work in progress
	Perranporth (augmentation scheme)	13,750	—
	*Tresillian	6,620	—
Wadebridge R.D.	*De Lank (amended scheme)	322,267	—
West Penwith R.D.	St. Erth	3,917	—
	Gwinear-Gwithian	32,000	Ministry of Health Inquiry 1.7.47.
	Perran, St. Hilary, Goldsithney and Marazion	26,800	—

District Council or Water Undertaking	Particulars of Scheme	Est. Cost £	Remarks
North Cornwall Joint Water Board	Duplication of main-filters to Delabole	24,089	Ministry of Health Inquiry 4. 7. 46. Works nearing completion
Total Estimated cost		£1,471,032	

(a) Ministry decided not to make grant.

* Submitted during 1948.

Estimated cost of works completed or in progress £77,665.

Sewerage and Sewage Disposal

A survey of the sewerage and methods of sewage disposal was carried out in 1945 and details relating to all Sanitary Districts throughout the County were given in the Annual Report for that year.

The methods adopted throughout the County may be summarised as follows:—

Districts	No. of Sea outfalls	No. of Tidal River Outfalls	Outfalls to non-tidal rivers or streams	Sedimentation and Filtration Works
County Council	...	—	—	2
Boroughs	...	9	31	8
Urban Districts	...	8	15	—
Rural Districts	...	34	18	18
Naval, Military and R.A.F. Camps	...	—	—	—
Agricultural Hostels	...	—	—	17
C.A.E.C.	...	—	—	8
Total	...	51	64	26

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, the following schemes of sewerage and sewage disposal have been submitted to the County Council by local authorities.

District Council	Particulars of Scheme	Est. Cost £	Remarks
Liskeard Borough	Borough Scheme	33,000	—
Penzance Borough	Gulval Alverton	17,000(a) 9,800(a)	Not yet commenced Works completed
Truro City	Extensions in Borough *Extensions in Borough	3,454 4,380	Works completed Works in hand
Bude-Stratton U.D.	Poughill Stratton	6,500 } 7,700 }	Ministry of Health Inquiry 28.9.48
Newquay U.D.	Crantock	11,053(a)	Works in progress

District Council or Water Undertaking	Particulars of Scheme	Est. Cost £	Remarks
Camelford R.D.	Tintagel (1)	19,994	Works in progress Ministry approved grants (1) £6,500 (2) £5,500 (3) £2,000
	Boscastle (2)	17,077	
	Bossiney (3)	6,492	
	St. Breward	11,100	Delabole & St. Teath schemes approved by Ministry of Health. Remaining schemes submitted to the Ministry for ap- proval
	St. Teath	6,388	
	Trewassa	2,000	
	Delabole	22,685	
	Trevia	3,700	
	Tregoodwell	1,000	
	Trewarmett	2,500	
	Treknow	3,600	
	Trevalga	2,100	
	Camelford	2,900	
	Helstone	2,800	
	Penpont and Lower Lank	4,400	
Kerrier R.D.	*Praze an Beeble	10,000	—
	*Ruan Minor and St. Ruan	13,800	—
	*St. Keverne and Porthoustock	14,000	—
	*Constantine and Brill- water	16,800	—
	*Mabe	9,600	—
	*Leedstown	8,000	—
	*Manaccan	4,560	—
	*Mawnan Smith	11,600	—
Launceston R.D.	*Altarnun and Five Lanes	9,800	—
	*North Hill	6,100	—
	*South Petherwin & Daw's House	13,550	—
	*Venterdon & Stoke Clims'and	13,600	—
	*Lewannick	9,420	—
	*Lawhitton	3,650	—
	*Egloskerry & Hole	7,100	—
	*Tregadillet	5,000	—
	*Coad's Green	4,500	—
	*Warbstow	3,000	—
	*Canworthy Water	5,900	—
Liskeard R.D.	*Dobwalls	11,516	Schemes submitted for Ministry of Health approval
	*Crow's Nest	1,561	
	*St. Cleer	18,500	
	*Seaton Bridge	4,085	
	*Upton Cross & Linkinhorne	4,895	
	*Menheniot	8,636	
St. Austell R.D.	Grampound	4,320	Sewerage completed but not disposal works
St. Germans R.D.	*Seaton	?	Awaiting Ministry's approval
	*Quethiock	1,800	
	*St. Germans	6,550	
Stratton R.D.	*Widemouth Bay	13,600	Ministry of Health Inquiry 29.9.48
	*Bangors	2,065	
Total estimated cost		£440,131	

(a) Ministry decided not to make grant.
 * Submitted during 1948.

Estimated cost of works
 completed or in progress
 £76,570.

RURAL HOUSING.

County Councils are not Housing Authorities for the purpose of the Principal Housing Act of 1936, but by Section 88 of that Act it is the duty of every County Council as respects each rural district within the County "to have constant regard to the housing conditions of the working classes." This duty is mainly that of co-operating with and assisting local authorities.

The Rural Housing Sub-Committee of the Central Housing Advisory Committee in the Third Report issued in 1944 recommended the setting up of a Joint Advisory Committee for each County in England and Wales representative of all Rural District Councils in the County, the County Council and any other persons representative of bodies interested in housing within the County whom the Committee thought fit to co-opt.

Such a Committee has been established in the County and is known as the Cornwall Rural Joint Advisory Housing Committee. The first meeting was held on the 23rd March, 1945.

A Technical Standards Sub-Committee was also set up and it was resolved to recommend

"That two standards of housing conditions be adopted, (i) as the standards ultimately expected to be aimed at, and (ii) the standard with which all existing houses shall be made to comply, where practicable, when such houses are dealt with in connexion with the survey to be carried out in all Rural Districts."

These standards were adopted by the Cornwall Joint Advisory Housing Committee at a meeting held at the County Hall, Truro, on the 18th May, 1945, after which copies of the standard were sent to all Rural District Councils and other bodies represented on the Committee.

Housing Survey.—Of the ten rural districts in the County one has not yet commenced to carry out the survey as recommended by the Cornwall Rural Joint Advisory Committee. Two local authorities have completed the survey, viz. Launceston and Camelford Rural Districts.

The wide scope of the duties of the Sanitary Inspector in a rural district means that the carrying out of even a preliminary survey imposes a heavy burden. In fact many Inspectors have been unable to give close attention to this work, and this no doubt partly explains why a number of authorities have made slow progress.

The position at the end of the year is shown in the following table:—

Rural District	No. of parishes in Rural Districts.	No. of parishes completed.	Parishes under Survey but not completed.	No. of houses inspected.	CLASSIFICATION					No. of houses overcrowded.	No. of New Houses erected.	
					Categories						By local Authority	By Private Enterprise
					1	2	3	4	5			
Camelford	13	13	—	1769	221	651	517	225	155	74	12	—
Kerrier	21	—	1	7	3	—	1	3	—	—	12	31
Launceston	17	17	—	1376	164	398	661	59	94	9	—	—
Liskeard	21	—	15	517	15	121	225	150	6	—	52	3
St. Austell	17	1	11	1253	279	130	587	2	255	4	34	4
St. Germans	16	—	—	—	—	—	—	—	—	—	122	—
Stratton	10	—	1	34	6	5	13	7	3	—	60	5
Truro	24	1	23	5623	198	412	860	3054	1099	—	136	30
Wadebridge	19	16	1	2298	246	495	454	737	366	2	80	10
West												
Penwith	17	—	8	1043	294	413	197	17	122	41	10	13
Totals	175	48	60	13920	1426	2625	3515	4254	2100	130	518	96
					%	%	%	%	%			
					10.2	18.9	25.3	30.6	15.0			

1. Satisfactory in all respects.
2. Minor defects.
3. Requiring repair, structural alteration or improvement.
4. Appropriate for re-conditioning.
5. Unfit for habitation and beyond repair at a reasonable expense.

Housing Acts. The following grants have been made in accordance with the Housing (Financial Provisions) Acts:—

District	Annual Grant £ s. d.	No. of Years	Grants previously authorised	Grants authorised during 1948	Total No. of Houses
			No. of houses	No. of houses	
Camelford Rural	1 5 0	60	8	—	8
Helston Borough	1 10 0	60	1	—	1
Kerrier Rural	1 0 0	40	47	—	55
" "	1 10 0	60	—	8)	
Launceston Rural	1 0 0	40	2	—	6
" "	1 10 0	60	—	4)	
Liskeard Rural	1 10 0	60	—	8	8
St. Germans Rural	1 0 0	40	9	—	60
" "	1 10 0	60	40	11)	
Stratton Rural	1 10 0	60	8	50	58
Truro Rural	1 0 0	40	14	—	135
" "	1 10 0	60	121	—	
Wadebridge Rural	1 0 0	40	18	—	26
" "	1 10 0	60	—	8)	
West Penwith Rural	1 0 0	40	27	—	35
" "	1 10 0	60	8	—	
TOTALS			303	89	392

TABLE I.

Estimated Population and Total Number of Births and Deaths in each District during the Year 1948.

AREA IN ACRES.	SANITARY DISTRICT.	ESTI- MATED POPU- LATION 1948	LIVE BIRTHS.						Stillbirths.	DEATHS.							
			Legitimate.		Illegitimate.		Total.	Rate.		Under 1 Year.			At all Ages.				
										Number.	Total.	Rate per 1,000 live births	Number.	Total	Rate.		
1	2	3	4	5	6	7	8	9	10	11	12	13	14				
	URBAN.		M.	F.	M.	F.			M.	F.		M.	F.				
3,312	Bodmin -	5,676	34	26	5	1	66	11·63	3	1	1	2	30·30	24	32	56	9·97
4,294	Bude-Stratton Camborne—	5,170	43	29	6	2	80	15·47	1	1	3	4	50·00	30	52	82	15·86
22,062	Redruth -	35,500	284	288	20	19	611	17·21	18	9	7	16	26·19	229	285	514	14·48
1,880	Falmouth -	17,040	121	126	11	7	265	15·55	13	5	2	7	49·06	109	110	219	12·85
2,979	Fowey -	2,099	19	15	1	2	37	17·63	3	..	..	..	..	21	10	31	14·77
4,014	Helston -	5,400	41	43	3	1	88	16·30	1	2	..	2	22·73	28	40	68	12·59
2,182	Launceston -	4,515	28	34	4	1	67	14·84	3	1	..	1	14·93	31	37	68	15·06
2,704	Liskeard -	4,490	27	30	1	2	60	13·36	2	1	1	2	33·33	36	24	60	13·36
1,691	Looe -	3,700	25	25	2	..	52	14·05	2	1	..	1	19·23	23	20	43	11·62
3,156	Lostwithiel -	2,113	26	16	..	1	43	20·35	..	..	..	..	..	8	13	21	9·94
4,599	Newquay -	10,150	59	78	7	2	146	14·38	5	5	2	7	47·95	60	52	112	11·03
3,343	Padstow -	2,420	27	20	1	4	52	21·49	..	..	1	1	19·23	17	17	34	14·05
829	Penryn -	3,840	46	39	5	2	92	23·96	1	2	..	2	21·74	24	25	49	12·76
3,155	Penzance -	19,920	160	140	16	11	327	16·42	11	6	4	10	30·58	135	123	258	12·95
18,379	St. Austell -	23,360	186	178	9	8	381	16·31	6	10	3	13	34·12	159	147	306	13·10
4,287	St. Ives -	8,605	68	59	2	3	132	15·34	..	5	4	9	68·18	46	63	109	12·66
7,634	St. Just -	4,047	33	30	2	3	68	16·80	..	1	..	1	14·71	35	28	63	15·57
5,335	Saltash -	7,410	63	72	3	2	140	18·89	3	5	2	7	50·00	59	42	101	13·63
975	Torpoint -	3,760	35	37	2	..	74	19·68	1	..	1	1	13·51	32	25	57	15·16
2,634	Truro City -	12,950	112	104	9	5	230	17·76	9	9	5	14	60·87	69	85	154	11·89
99,444	TOTALS -	182,165	1437	1389	109	76	3,011	16·53	82	64	36	100	33·21	1,175	1,230	2,405	13·21
	RURAL.																
62,544	Camelford -	7,457	37	51	2	4	94	12·61	2	1	2	3	31·91	46	48	94	12·61
90,839	Kerrier -	19,700	134	145	7	5	291	14·77	6	4	3	7	24·05	124	117	241	12·23
73,051	Launceston -	6,546	47	41	3	3	94	14·36	3	2	..	2	21·28	35	30	65	9·93
104,803	Liskeard -	14,120	111	112	10	11	244	17·28	9	2	4	6	24·59	88	102	190	13·46
82,389	St. Austell -	20,140	171	147	10	9	337	16·73	5	8	6	14	41·54	116	124	240	11·92
48,433	St. Germans -	15,850	143	116	9	3	271	17·10	4	8	4	12	44·28	111	116	227	14·37
56,285	Stratton -	5,090	42	45	5	4	96	18·86	2	4	1	5	52·08	33	38	71	13·95
108,316	Truro -	27,140	193	181	8	11	393	14·48	10	9	4	13	33·08	166	164	330	12·16
88,230	Wadebridge -	13,850	138	104	11	4	257	18·56	9	9	5	14	54·47	86	85	171	12·35
59,792	West Penwith -	17,770	150	132	3	12	297	16·71	4	6	4	10	33·67	115	115	230	12·94
764,682	TOTALS -	147,663	1166	1074	68	66	2,374	16·08	54	53	33	86	36·23	920	939	1,859	12·60
864,126	Whole County	329,828	2603	2463	177	142	5,385	16·33	136	117	69	186	34·54	2,095	2,169	4,264	12·93
4,041	Scilly Isles	1,813	17	14	3	3	37	20·41	2	2	2	4	108·11	9	10	19	10·48

Birth and Death Rates calculated per 1,000 of the population.

Estimated Population and Total Number of Births and Deaths in Cornwall (Excluding Scilly Isles) During Recent Years.

YEAR	ESTI- MATED POPU- LATION	LIVE BIRTHS						DEATHS					
		Legitimate			Illegitimate			Under 1 Year			At all Ages		
		3		Rate	4		Rate	8		Rate per 1,000 live Births	11		Total Rate
		M	F		M	F		M	F		M	F	
1	2	5	6	7	8	9	10	11	12	13	14	15	16
1930	a) 313,028 b) 312,807	2280	2096	123	123	123	14.77	137	100	57.27	1985	2284	4269
1931	a) 310,827 b) 310,577	2186	2054	111	108	108	14.34	141	101	54.27	2102	2259	4361
1932	312,269	2161	1989	102	105	105	13.95	137	101	54.62	2106	2326	4432
1933	312,076	2092	1901	103	95	95	13.43	131	87	52.01	2105	2375	4480
1934	312,318	2013	1969	93	118	118	13.42	132	109	57.47	1997	2242	4239
1935	312,090	2073	1913	94	85	85	13.34	117	76	46.34	2012	2230	4242
1936	310,686	2032	1955	99	90	90	13.44	136	78	51.24	2071	2225	4296
1937	308,994	1937	1883	90	83	83	12.92	115	82	49.33	2154	2330	4484
1938	308,297	1927	1933	94	93	93	13.13	136	67	50.16	2100	2202	4302
1939	a) 308,517 b) 312,211	1975	1771	85	78	78	12.67	142	88	58.84	2227	2375	4602
1940	329,138	2127	1945	100	96	96	12.97	116	90	48.26	2357	2567	4924
1941	371,382	a) 2215 c) 2456	2125	161	132	132	12.47	159	108	52.46	2465	2721	5186
1942	344,944	2427	2212	168	139	139	14.34	135	93	46.09	2127	2301	4428
1943	327,163	2378	2246	183	163	163	15.19	106	72	35.81	2201	2388	4589
1944	322,513	2607	2554	276	236	236	17.59	132	99	40.72	2197	2359	4556
1945	313,559	2225	2199	333	287	287	16.08	101	84	36.67	2214	2367	4581
1946	318,139	2754	2572	229	199	199	18.09	136	87	38.75	2168	2387	4555
1947	321,605	2940	2791	214	166	166	19.00	136	77	34.85	2286	2449	4735
1948	329,828	2603	2463	177	142	142	16.33	117	69	34.54	2095	2169	4264

Births and Deaths rates calculated per 1,000 of the Population.

- (a) For Birth Rate. (c) For Infant and Maternal Mortality Rates.
(b) For Death Rate.

Year	Location Long- itude Lat- itude	Temperature				Wind				Rain				Sun				Cloud			
		Max		Min		Dir		Speed		Dir		Amount		Dir		Amount		Dir		Amount	
		H	E	H	E	H	E	H	E	H	E	H	E	H	E	H	E	H	E	H	E
1844	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1845	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1846	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1847	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1848	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1849	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1850	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1851	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1852	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1853	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1854	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1855	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1856	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1857	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1858	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1859	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313
1860	31° 31' N	3001	3074	323	336	300	313	300	313	300	313	300	313	300	313	300	313	300	313	300	313

Summary of Observations and Data for the Year 1860 (Continued from page 10)

TABLE III.

Infectious Diseases notified in each district during the Year 1948.

SANITARY DISTRICT	Smallpox	Diphtheria	Scarlet Fever	Typhoid Fever (excluding Paratyphoid)	Paratyphoid Fevers	Erysipelas	Puerperal Pyrexia	Ophthalmia Neonatorum	Acute Encephalitis Lethargica	Acute Polio-Encephalitis	Acute Poliomyelitis	Cerebro-Spinal Fever	Pneumonia	Malaria	Dysentery	Measles	Whooping Cough	Totals
URBAN																		
Bodmin	..	3	1	..	..	..	1	..	..	..	..	1	..	..	6	9	2	23
Bude-Stratton	3	..	..	..	..	..	..	..	..	..	2	..	..	..	..	5
Camborne-Redruth	25	..	..	12	41	2	..	..	2	..	21	..	..	98	122	323
Falmouth	8	..	..	2	..	1	..	..	..	..	2	..	..	208	25	246
Fowey	2	..	..	..	..	..	..	..	..	..	..	..	..	3	19	24
Helston	2	..	..	..	..	..	..	..	..	..	1	..	..	16	29	48
Launceston	..	6	2	..	..	2	..	..	..	..	..	..	6	1	..	1	20	38
Liskeard	1	..	..	20	13	34
Looe	2	1	..	..	..	..	1	6	..	..	8	9	27
Lostwithiel	1	..	..	..	..	1	..	..	..	..	17	..	..	7	17	43
Newquay	17	..	..	1	1	..	..	..	..	..	6	1	..	97	82	205
Padstow
Penryn	1	..	..	1	..	..	..	..	..	1	1	..	..	32	..	36
Penzance	..	4	4	..	..	..	..	..	..	..	2	..	..	..	..	18	7	35
St. Austell	9	..	..	..	1	..	..	..	..	..	1	..	..	188	93	292
St. Ives	5	..	..	..	1	..	..	..	..	..	..	..	..	..	35	41
St. Just	8	..	8
Saltash	..	2	4	..	..	4	..	..	..	..	1	..	21	..	..	10	136	178
Torpoint	11	..	..	..	1	..	..	..	..	..	1	..	..	..	34	47
Truro City	..	3	4	1	..	3	..	..	..	1	2	1	9	..	..	217	3	244
TOTALS	..	18	99	1	..	27	47	4	..	1	7	4	95	2	6	940	646	1897
RURAL																		
Camelford	..	1	7	..	..	1	1	..	..	..	..	..	12	..	..	359	99	480
Kerrier	..	1	25	..	..	..	..	..	..	..	..	..	6	..	..	140	39	211
Launceston	1	..	..	2	..	..	..	..	..	..	1	..	..	24	44	72
Liskeard	..	1	9	..	..	2	..	1	..	..	1	..	13	1	..	157	91	276
St. Austell	..	2	6	..	..	1	..	..	..	..	2	..	6	..	..	43	116	176
St. Germans	9	..	..	2	1	..	..	..	5	..	5	..	..	28	126	176
Stratton	2	..	..	15	7	24
Truro	11	..	1	4	1	1	..	..	..	..	25	..	9	301	180	533
Wadebridge	2	..	..	1	1	..	..	..	1	..	4	..	2	246	41	298
West Penwith	..	4	7	1	..	2	..	..	..	..	1	..	1	..	..	33	4	53
TOTALS	..	9	77	1	1	15	4	2	..	..	10	..	75	1	11	1346	747	2299
Whole County	..	27	176	2	1	42	51	6	..	1	17	4	170	3	17	2286	1393	4196

TABLE IV.
NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED IN
RECENT YEARS.

Infectious Disease	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Smallpox	—	—	—	—	—	—	—	—	—	—
Diphtheria	86	392	523	389	225	164	206	155	44	27
Scarlet Fever	403	617	580	228	229	384	386	280	167	176
Typhoid Fever (excluding Paratyphoid)	6	18	32	13	7	6	2	—	—	2
Paratyphoid Fevers	—	—	—	—	6	6	4	1	4	1
Erysipelas	66	98	95	87	71	75	65	58	48	42
Puerperal Pyrexia	47	43	56	65	70	76	61	89	79	51
Ophthalmia Neonatorum	18	10	28	18	24	34	21	14	13	6
Acute Polio- myelitis	7	3	16	3	—	3	28	3	32	17
Acute Polio- Encephalitis	—	—	1	1	—	2	1	1	—	1
Acute Encephalitis Lethargica	1	—	1	1	1	2	1	1	—	—
Cerebro-spinal Fever	2	67	95	42	28	28	18	17	9	4
Pneumonia	257	271	283	248	313	339	242	205	221	170
Malaria	—	1	2	1	9	35	17	12	1	3
Dysentery	9	10	95	38	61	95	117	17	29	17
Measles	*41	4492	5664	184	1918	1544	3989	267	2288	2286
Whooping Cough	*106	287	1210	696	474	1179	473	550	720	1393
TOTALS	1049	6309	8681	2014	3436	3972	5631	1670	3655	4196

*From 1.10.1939.

TABLE IV.

NUMBER OF CASES OF INFECTIOUS DISEASE NOT
RECENT YEARS.

Infectious Disease	1939	1940	1941	1942	1943	1944	TOTAL
Smallpox	—	—	—	—	—	—	—
Diphtheria	88	692	523	590	905	164	—
Scarlet Fever	408	617	560	238	230	264	—
Typhoid Fever (excluding Paratyphoid)	6	16	89	18	7	6	—
Paratyphoid Fever	—	—	—	—	6	6	—
Erysipelas	68	96	98	97	71	75	—
Parapertussis Typhoid	47	43	58	65	70	75	—
Ophthalmia Neonatorum	18	10	26	18	24	24	—
Acute Polio- myelitis	7	3	18	2	—	2	—
Acute Polio- encephalitis	—	—	1	1	—	2	—
Acute Encephalitis Myelitis	1	—	1	1	1	3	—
Cerebro-spinal Fever	2	67	93	43	59	92	—
Enteritis	277	271	292	248	218	202	—
Measles	—	1	2	1	9	27	—
Dysentery	6	10	68	38	61	67	—
Malaria	*41	4492	4564	164	1918	1844	—
Whooping Cough	*104	267	1910	695	674	1170	—
TOTAL	1049	6292	6861	3014	2432	3072	60

*From 1.10.1939.

TABLE V.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1948.

Causes of Death	All Ages	0—1	1—5	5—15	15—45	45—65	65 and over
1. Typhoid and paratyphoid fevers ...	—	—	—	—	—	—	—
2. Cerebro-spinal fever ...	—	—	—	—	—	—	—
3. Scarlet fever ...	—	—	—	—	—	—	—
4. Whooping cough ...	9	5	3	—	—	—	1
5. Diphtheria ...	—	—	—	—	—	—	—
6. Tuberculosis of respiratory system ...	112	1	1	1	61	34	14
7. Other forms of tuberculosis ...	32	3	4	3	15	4	3
8. Syphilitic diseases ...	15	—	—	—	—	4	11
9. Influenza ...	14	—	2	—	1	5	6
10. Measles ...	1	—	1	—	—	—	—
11. Acute polio-myelitis and polio-encephalitis ...	3	—	—	1	2	—	—
12. Acute infective encephalitis ...	1	—	—	—	—	—	1
13. Cancer of buccal cavity and oesophagus (M), uterus (F) ...	81	—	—	—	4	35	42
14. Cancer of stomach and duodenum ...	127	—	—	—	4	34	89
15. Cancer of breast ...	76	—	—	—	5	28	43
16. Cancer of all other sites ...	386	1	1	2	15	128	239
17. Diabetes ...	41	—	—	—	2	9	30
18. Intra-cranial vascular lesions ...	495	—	—	1	3	82	409
19. Heart Diseases ...	1423	—	—	1	25	244	1153
20. Other diseases of circulatory system ...	152	1	—	—	4	27	120
21. Bronchitis ...	140	2	1	—	2	25	110
22. Pneumonia ...	136	37	5	1	11	22	60
23. Other respiratory diseases ...	80	1	1	2	11	27	38
24. Ulcer of stomach or duodenum ...	24	—	—	—	1	13	10
25. Diarrhoea (under two years) ...	7	5	2	—	—	—	—
26. Appendicitis ...	12	—	1	—	2	4	5
27. Other digestive diseases ...	69	1	2	—	9	18	39
28. Nephritis ...	142	—	—	—	14	38	90
29. Puerperal and post-abortive sepsis ...	—	—	—	—	—	—	—
30. Other maternal causes ...	7	—	—	—	7	—	—
31. Premature birth ...	44	44	—	—	—	—	—
32. Congenital malformations, birth injury, and infantile diseases ...	91	82	2	1	4	2	—
33. Suicide ...	38	—	—	—	10	24	4
34. Road traffic accidents ...	30	—	2	4	13	5	6
35. Other violent causes ...	91	3	5	2	17	17	47
36. All other causes ...	404	4	9	4	25	53	309
All causes ...	4283*	190	42	23	267	882	2879

*including 19 deaths in the Scilly Isles.

TABLE V.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1948

Causes of Death	All Ages	0-1	1-5	5-15	15-45	45-85
1. Typhoid and paratyphoid fever	—	—	—	—	—	—
2. Enteric fever	—	—	—	—	—	—
3. Enteric fever	—	—	—	—	—	—
4. Whooping cough	9	5	2	—	—	—
5. Diphtheria	—	—	—	—	—	—
6. Tuberculosis of respiratory system	112	1	1	1	61	34
7. Other forms of tuberculosis	33	3	4	3	15	4
8. Syphilis	15	—	—	—	—	—
9. Leishmaniasis	14	—	2	—	1	4
10. Measles	1	—	1	—	—	—
11. Acute poliomyelitis	3	—	—	1	2	—
12. Acute infectious encephalitis	1	—	—	—	—	—
13. Cancer of breast	81	—	—	—	4	76
14. Cancer of stomach	137	—	—	—	4	133
15. Cancer of rectum and sigmoid	76	—	—	—	4	72
16. Cancer of all other sites	303	1	1	2	15	285
17. Diabetes	41	—	—	—	2	39
18. Infectious mononucleosis	105	—	—	1	3	101
19. Heart disease	1420	—	—	1	22	1407
20. Other diseases of circulatory system	152	1	—	—	4	147
21. Bronchitis	140	2	1	—	3	134
22. Pneumonia	126	37	5	1	11	72
23. Other respiratory diseases	50	1	1	2	11	35
24. Ulcer of stomach or duodenum	34	—	—	—	1	33
25. Diverticula (colon)	7	5	2	—	—	—
26. Appendicitis	12	—	1	—	2	9
27. Other digestive diseases	39	1	2	—	9	27
28. Nephritis	132	—	—	—	14	118
29. Urinary and genital diseases	—	—	—	—	—	—
30. Other diseases	7	—	—	—	7	—
31. Premature birth	44	44	—	—	—	—
32. Congenital malformations	—	—	—	—	—	—
33. Maternal birth injuries	91	33	2	1	4	51
34. Infantile diseases	38	—	—	—	10	28
35. Sepsis	30	—	2	4	19	7
36. Road traffic accidents	31	3	3	2	17	12
37. Other violent causes	401	1	2	1	25	372
38. All other causes	—	—	—	—	—	—
All causes	4782*	100	42	37	207	4038

*including 10 deaths in the 5-15 age group

TABLE VI
MATERNITY AND CHILD WELFARE.

(1) Year	(2) Total No. of births	(3) Percentage of total births occurring in			(4) Midwives						(5) Ophthalmia Neonatorum	
		Patient's home	Redruth Maternity Unit and other Hospitals	Nursing Homes,	No. employed	Percentage of total births attended by—			Medical Aids sent		Total No. of Cases.	No. of cases per live 1,000 births
						Midwives	Maternity Nurses	Midwives in either capacity	Number	Percentage of cases		
1915	5854	—	—	—	112	27	22	49	148	9.39	14	2.6
1920	6964	—	—	—	135	30	27	57	360	16.22	35	5.5
1925	4950	—	—	—	135	47	31	78	550	26.0	17	3.8
1930	4847	—	1.4	—	149	46	34	80	824	38.8	17	3.9
1935	4376	—	3.3	—	163	52	38	90	1056	48.50	12	3.0
1940	4431	—	6.5	—	169	56	37	93	1272	51.08	12	3.2
1941	5281	65.2	19.1	15.7	157	58	39	97	1541	52.23	28	6.1
1942	5126	63.4	20.1	16.5	157	59	32	91	1326	43.96	17	3.8
1943	5134	58.5	19.8	21.7	152	59	38	97	1166	39.94	23	5.2
1944	5853	54.0	25.0	21.0	154	52	46	98	1233	42.08	20	3.9
1945	5222	54.0	23.0	23.0	152	54	37	91	937	44.07	12	2.7
1946	5910	56.4	21.2	22.4	137	52	38	90	1160	49.32	7	1.4
1947	6288	58.3	19.7	22.0	145	58	33	91	1131	39.73	7	1.3
1948	5,521	57.3	23.8	18.9	140	40	38	78	926	41.99	6	1.1

(1) Year		(2) Total No. of live births		(3) Percentage of total live births occurring in		(4) Total No. of live births	