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CORNWALL COUNTY COUNCIL

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ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER  
OF HEALTH

1951

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

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## HEALTH COMMITTEE

(as constituted at 31st December, 1951).

### Chairman:

Mrs. M. F. WILLIAMS

### Vice-Chairman:

W. S. RASHLEIGH

### Members:

Mrs. M. T. ANDREWS	E. G. LILLEY
Mrs. H. C. C. ASHER	N. S. LYNE
Mrs. A. M. BLACKWOOD	W. E. MILLER
Major C. A. E. CHUDLEIGH	A. T. OPIE
J. DANIEL	J. C. PENBERTHY
C. M. DENNIS	W. J. T. PETERS
T. B. EDDY	J. READ
J. H. HAWKEN	A. J. ROBERTS
W. J. JOHNS	C. L. ROSEWARNE
H. B. LAITY	P. M. WILLIAMS
Mrs. P. LANYON	Mrs. D. M. WILLS

### Representatives of Area Sub-Committees:

Area I Mrs. K. POOLE	Area IV Hon. H. L. GOODHART
Area II W. HART	Area V A. J. CHAPMAN
Area III Dr. E. H. EASTCOTT	Area VI J. SETCHELL
Area VII D. B. PEACOCK	

### Co-Opted Members:

Miss MARGARET E. SMITH	...	Cornwall County Nursing Association
Mrs. M. E. COCHRANE-DYET	...	British Red Cross Society
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.

Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the County of Cornwall during the year 1951.

The vital statistics show that the health of the County continues to be satisfactory. The Infant and Maternal Mortality rates continue low. The fall in the Infant Mortality rate during the last 50 years represents an annual saving of 400 lives. The next problem to be tackled is the continuing number of deaths of infants which are due to prematurity—a very large proportion of the total number of these deaths is attributed to that cause and emphasises the need for a Paediatric Service and a fully equipped Premature Baby Department in Cornwall. It is certain that a large number of neo-natal deaths could be prevented if such an organisation were created. This is a matter for the South Western Regional Hospital Board.

The rapid fall in the annual number of deaths from Tuberculosis is a cause for satisfaction and a stimulus to continuing effort. It is futile to try to allot the credit for this to one or other branch of the Health Services. There is no doubt that the fall in the death rate is largely due to recent advances in the treatment of the disease, but we must avoid any temptation to rely on the treatment of a disease and neglect the essential preventive measures which are now being pressed so strongly in this County. The efforts of preventive medicine usually take longer to bear fruit than those of curative medicine, but we are convinced that given sufficient support we should gain control of Tuberculosis within the next ten years in the same way as we can now claim to be in control of Diphtheria.

I draw attention again to the need for continued support of the Diphtheria Immunisation scheme. The number of children being immunised continues to fall and some way must be found to bring home to parents their personal responsibilities in this matter.

The pressure on the District Nursing Service continued to be heavy, and credit must be given to the way in which the District Nurses have carried out their duties in spite of the shortage of staff which continued throughout the year. Every effort is being made to improve the housing conditions of the District Nurses, and it is hoped that as time goes on, this will aid recruitment to the Service.



Two new developments which took place during the year emphasised the close association between the County Health Department and other Departments and Voluntary Organisations. Meetings have been held in each of the Health Areas to try to co-ordinate the activities of all parties interested in the care of children and in the prevention of neglect and ill-treatment of children in their own homes. A Standing Committee has been set up in each Health Area, and in spite of the inherent difficulties of many of these problems, it can be reported that progress has already been made. Similarly, meetings of those interested in the care of the aged and infirm have been held in each Health Area, in order to promote the welfare of aged and infirm persons in their own homes. Here again, the assistance of voluntary bodies has been forthcoming to a most gratifying extent, and much useful work has already been done. Further details about these two developments may be found in the body of the Report.

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.

July, 1952.



# CORNWALL COUNTY COUNCIL

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## REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1951.

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### 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 and Supervisor of Midwives:

ANNIE MATHER, M.B., Ch.B., D.P.H.

#### Assistant County Medical Officers:

##### Area 1 (Penzance)—

W. K. DUNSCOMBE, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.,  
D.T.M. & H.

##### Area 2 (Redruth)—

G. W. KNIGHT, M.B., Ch.B., D.P.H.

##### Area 3 (Truro)—

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

##### Area 4 (St. Austell)—

J. G. S. TURNER, C.M.G., M.B., Ch.B., B.Sc., D.P.H., D.T.M.

##### Area 5 (Wadebridge)—

\*J REED, M.B., Ch.B., B.Sc., D.P.H.

##### Area 6 (Launceston)—

\*L. RICH, M.B., Ch.B., D.P.H., M.R.C.O.G.

##### Area 7 (Liskeard)—

P. J. FOX, M.B., B.Ch., D.P.H.

\*Also Assistant School Medical Officer.

#### County Psychiatrist:

D. JACKSON, M.A., M.B., Ch.B., D.P.M.

#### Senior Assistant School Medical Officer:

C. C. ELLIOTT, D.S.C., V.R.D., M.D.

**Assistant School Medical Officers:**

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.  
 MURIEL V. JOSCELYNE, M.B., Ch.B., D.P.H.  
 JEAN D. McKELLAR, M.B., B.S.  
 JEAN D. McMILLAN, B.Sc., M.B., Ch.B.  
 G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H.  
 §J. REED, M.B., Ch.B., B.Sc., D.P.H.  
 §L. RICH, M.B., Ch.B., D.P.H., M.R.C.O.G.  
 B. ROBERTS, M.R.C.S., L.R.C.P.  
 WINIFRED M. RYAN, M.R.C.S., L.R.C.P.

§Also Assistant County Medical Officer.

**Chief Dental Officer:**

K. BATTEN, L.D.S.

**Assistant Dental Officers:**

W. K. BATTEN, L.D.S. (Left 28.2.51).  
 H. J. EAGLESON, L.D.S.  
 P. W. EDDY, L.D.S.  
 W. H. ELLAM, B.D.S.  
 D. A. PATTERSON, L.D.S.  
 F. H. STRANGER, L.D.S.  
 F. R. TAYLOR, L.D.S.

**County Sanitary Officer:**

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

**Assistant County Sanitary Officer:**

W. G. SAUNDERS, Cert. R.S.I.

**County Nursing Officer, Non-Medical Supervisor of Midwives, and Superintendent Health Visitor:**

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

**Deputy County Nursing Officer, etc.:**

Mrs. S. MEE, S.R.N., S.C.M., Q.N.S., H.V.Cert.

**Assistant County Nursing Officers:**

Area 1—Miss M. A. PRICE, S.R.N., S.C.M., Q.N.S., H.V.Cert.  
 (Com. 1.1.51).

Area 2—Miss N. E. RUSSELL, S.R.N., S.C.M., Q.N.S., H.V.Cert.  
 (Com. 4.7.51).



Area 3—Miss E. MORAIN, S.R.N., S.C.M., Q.N.S., H.V.Cert.  
(Left 14.4.51).

Miss M. GRAY, S.R.N., S.C.M., Q.N.S., H.V.Cert.  
(Com. 25.6.51).

Area 4—Miss S. KEELER, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 5—Miss G. C. HATCH, S.R.N., S.C.M., Q.N.S., H.V.Cert.  
(Com. 15.11.51).

Area 6—Miss L. A. CULVERHOUSE, S.R.N., S.C.M., Q.N.S.,  
H.V.Cert.

Area 7—Miss M. G. AUSTIN, S.R.N., S.C.M., Q.N.S., H.V.Cert.  
(Left. 21.9.51).

**County Ambulance Officer:**

T. C. TRESIDDER.

**Divisional Ambulance Officers:**

Area 1—W. H. MAYCOCK

Area 2—F. POLKINGHORNE

Area 3—K. TREVENA

Area 4—D. C. B. PECKETT

Areas 5 and 6—S. G. MATTHEWS

Area 7—J. J. PEARCE

**Senior Mental Health Worker:**

Miss M. H. COURSE (Left 6.5.51)

F. E. PASCOE (Com. 1.8.51)

**Mental Health Workers:**

Miss B. M. SYRETT

Miss F. M. JONES, Social Science Diploma (Appointed Psychiatric  
Social Worker 1.8.51)

R. A. M. REEVE (Com. 1.11.51, Left 27.12.51)

**Psychiatric Social Worker:**

Miss F. M. JONES, Social Science Diploma (Com. 1.8.51)

**Duly Authorised Officers:**

Area 1—P. A. CLIFTON

Area 2—F. A. MARKS

Area 3—S. R. MOYSE

Area 4—W. St. A. SWEET

Area 5—A. J. ARMSTRONG

Area 6—H. DAVEY

Area 7—W. V. COUCH



**County Home Help Organiser:**

Mrs. E. L. CROTHERS

**Speech Therapist:**

Miss J. ROWLEY-LEWIS, L.C.S.T. (Left 28.2.51)

Mrs. A. L. WILKS, L.C.S.T. (Com. 21.5.51)

**Chief Clerk:**

J. R. SANDERS

**PART-TIME OFFICERS:****Chief Inspector under Food and Drugs Acts:**

K. R. C. MARTIN, M.I.W.M.A. (also Chief Inspector of Weights & Measures)

**Public Analyst:**

H. E. COX, D.Sc., Ph.D., F.I.C. (Died Nov. 51)  
The Laboratory, 11 Billiter Square, London, E.C.3.

ERIC VOELCKER, A.R.C.S., F.R.I.C. (Temp. Deputy)

**County Pathologist:**

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

**Chest Physicians: (under the Regional Hospital Board)**

L. W. HALE, M.D., F.R.C.P.

B. A. G. JENKINS, M.D., M.R.C.P.

G. A. M. HALL, M.D., M.R.C.S.

## STATISTICS AND SOCIAL CONDITIONS

Area of the County	...	...	...	...	864,126 acres
Population, 1951 (Registrar General's estimate)	...	...	...	...	339,800
Population 1951 census	...	...	...	...	343,447
Population, 1931 census	...	...	...	...	316,228
Censal increase	...	...	...	...	27,219
Percentage increase	...	...	...	...	8.6
Number of inhabited houses (1931 census)	...	...	...	...	83,544
Rateable Value	...	...	...	...	£1,836,327
Sum represented by a penny rate	...	...	...	...	£7,400

The Registrar General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1947—51 is shown in the following table:—

	1947	1948	1949	1950	1951
Urban Districts ..	178,990	182,165	187,292	187,657	186,500
Rural Districts ...	142,615	147,663	147,955	152,342	153,300
Administrative County ...	321,605	329,828	330,247	339,999*	339,800*
Increase or decrease over previous year ..	+ 3,466	+ 8,223	+ 419	+ 9,752*	— 199*

\* includes non-civilians stationed in the County.

Table I at the end of the Report shows the estimated population and number of births and deaths for 1951 in each of the Sanitary Districts of the County, whilst Table II gives a summary of these statistics for the County for recent years.

### General

The statistics which follow show that the health of the County continued good during the year under review, and that the trend followed was that experienced, generally speaking, throughout the country. The birth rate remained at about the same level, and at a slightly lower level than that for England and Wales; the death rate showed no significant variation and was, as usual, slightly above the average for England and Wales. Both these slight variations from the rate for the country as a whole are probably due to this County having a rather higher than average number of old people living in it. The low still-birth rate, maternal mortality and infant mortality rates continue to be satisfactory. The ageing of the population is reflected also in the increase of 80 in the numbers of deaths from disease of



the heart and blood vessels, 48 in the deaths from cancer, and the slight increase in deaths due to vascular lesions of the nervous system. It will be noticed that some 85% of the deaths from heart disease occurred in persons over 65 years of age, and indeed that approximately 70% of all the deaths in the County occurred in persons more than 65 years of age. It is interesting to compare the age distribution of deaths in the years 1901—1951. The small table towards the end of this section shows that 50 years ago 1/6th of the deaths occurred before the baby's first birthday, whereas now the proportion is 1/30th; and whereas in 1901 only 39 out of every 100 were dying over the age of 65, now the proportion has risen to 71. This shift from deaths among the very young to survival until old age is the cause of many of the problems facing the Education Committee, the Hospital Services, and the Welfare Authorities for the Aged.

### Births and Birth Rate

#### Live Births

			Male	Female	Total
Legitimate	...	...	2,310	2,319	4,639
Illegitimate	...	...	132	108	240
			<hr/>	<hr/>	<hr/>
Total	...	...	2,442	2,427	4,869
			<hr/>	<hr/>	<hr/>
Birth rate per 1,000 of the population ...				...	14.33

#### Still Births

			Male	Female	Total
Legitimate	...	...	57	47	104
Illegitimate	...	...	7	5	12
			<hr/>	<hr/>	<hr/>
Total	...	...	64	52	116
			<hr/>	<hr/>	<hr/>
Still birth Rate per 1,000 of the population ...				...	0.34

The Birth Rate of 14.33 in Cornwall compares with a rate of 13.99 in 1950 and 15.5 for England and Wales. The following are the rates in recent years:—

			Cornwall	England & Wales
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
1949	...	...	15.41	16.7
1950	...	...	13.99	15.8
1951	...	...	14.33	15.5



### Deaths and Death Rate

Deaths registered in or belonging to the County during the year were as follows:—

Males	...	...	...	2,370
Females	...	...	...	2,493
Total	...	...	...	4,863

This gives a death rate of 14.31 as compared with 13.69 in 1950 and 12.5 for England and Wales.

The following are the rates for recent years:—

				Cornwall	England & Wales
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
1949	...	...	...	14.10	11.7
1950	...	...	...	13.69	11.6
1951	...	...	...	14.31	12.5

### Maternal Mortality

Maternal deaths are no longer distinguished between those due to Puerperal Sepsis and Other Puerperal Causes. There were 6 deaths classified to Pregnancy, Childbirth and Abortion, which gives a maternal mortality rate of 1.20 per 1,000 total births. This compares with a rate 1.64 for 1950 and 0.79 for England and Wales. The small numbers involved result in wide variations in the rate from year to year, and a more accurate impression is derived from a comparison of the rate for 1951 with the average rate for the previous five-year period (1946—50), which was 1.37.

### Infant Mortality

There were 163 infant deaths, representing a rate of 33.48 per 1,000 live births, compared with 29.6 for England and Wales. 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.

### Chief causes of death at all ages:—

	1950	1951
Disease of Heart and Blood Vessels ...	1,865	1,945
Cancer ...	678	726
Vascular Lesions of nervous system ...	606	621
Respiratory disease ...	396	501
Suicide and deaths from violence ...	145	166
Tuberculosis ...	126	101

## Deaths from Heart Disease

Age Group	Urban Districts		Rural Districts		Total
	M.	F.	M.	F.	
0—1 ...	—	—	—	—	—
1—5 ...	—	—	—	—	—
5—15 ...	—	1	—	—	1
15—45 ...	2	6	4	3	15
45—65 ...	108	59	69	43	279
Over 65 ...	345	460	330	381	1516
	455	526	403	427	1811*

\*including 9 deaths in Scilly Isles.

## Number of Deaths at Different Periods of Life

Age Group			Male	Female	Total
0—1 ...	...	...	98	65	163
1—5 ...	...	...	22	13	35
5—15 ...	...	...	16	8	24
15—45 ...	...	...	105	102	207
45—65 ...	...	...	542	415	957
Over 65 ...	...	...	1604	1905	3509
Total ...			2387	2508	4895*

\*Including 32 deaths in the Scilly Isles.

The following table shows the number of deaths which occurred in the various age-groups out of every 1,000 deaths which occurred in the County in the years 1901 and 1951:—

1901		1951
185	Under 1 year of age	34
73	Ages 1 year to 5 years	7
33	„ 5 years to 15 years	5
45	„ 15 „ „ 25 „	42
276	„ 25 „ „ 65 „	196
387	„ 65 „ and over	716

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

## Comparative Rates

	Cornwall		England and Wales
	1950	1951	1951
Live births, rate per 1,000 of the population	13.99	14.33	15.5
Stillbirths, rate per 1,000 of the population	0.37	0.34	0.36
Deaths from all causes, rate per 1,000 of the population	13.69	14.31	12.5



	Cornwall		England and Wales
	1950	1951	1951
Deaths under 1 year of age:—			
All infants per 1,000 live births ...	30.26	33.48	29.6
Legitimate infants per 1,000 legiti- mate live births ... ..	29.27	33.48	—
Illegitimate infants per 1,000 legiti- mate live births ... ..	48.18	33.33	—
Deaths from enteritis and diarrhoea under 2 years of age per 1,000 live births ... ..	1.47	1.85	1.4
Deaths from Whooping Cough per 1,000 population ... ..	0.003	0.012	0.01
Deaths from Diphtheria per 1,000 popu- lation ... ..	0.003	0.003	0.00
Deaths from Influenza per 1,000 popu- lation ... ..	0.127	0.350	0.38
Deaths from Tuberculosis per 1,000 population ... ..	0.38	0.297	0.31
Maternal Mortality per 1,000 total births ... ..	1.64	1.20	0.79



## NATIONAL HEALTH SERVICE ACT, 1946.

## ADMINISTRATION.

The administrative structure described in some detail in my Annual Report for the year 1948 has continued to function smoothly. The areas into which the County has been divided remain as follows:—

Area No.	Area Office address.	Sanitary Districts	Area in Acres.	Estimated Population 1951.
1	1, North Parade, Penzance.	Penzance M.B.	3,155	20,030
		St. Ives M.B.	4,287	8,598
		St. Just U.D.	7,634	4,060
		West Penwith R.D.	59,792	17,990
			<hr/> 74,868 <hr/>	<hr/> 50,678 <hr/>
2	Station Hill, Redruth.	Helston M.B.	4,014	5,601
		Camborne-Redruth U.D.	22,062	35,230
		Kerrier R.D.	90,839	21,760
			<hr/> 116,915 <hr/>	<hr/> 62,591 <hr/>
3	14/15 Boscawen Street, Truro	Falmouth M.B.	1,880	16,620
		Penryn M.B.	829	4,104
		Truro City	2,634	13,120
		Truro R.D.	108,316	26,810
			<hr/> 113,659 <hr/>	<hr/> 60,654 <hr/>
4	34a Fore Street, St. Austell.	Fowey M.B.	2,979	2,234
		Lostwithiel M.B.	3,156	2,124
		Newquay U.D.	4,599	9,773
		St. Austell U.D.	18,379	23,460
		St. Austell R.D.	82,389	20,470
			<hr/> 111,502 <hr/>	<hr/> 58,061 <hr/>
5	Hill Road, Wadebridge.	Bodmin M.B.	3,312	5,886
		Padstow U.D.	3,343	2,713
		Wadebridge R.D.	88,230	16,010
			<hr/> 94,885 <hr/>	<hr/> 24,609 <hr/>

Area No.	Area Office Address.	Sanitary Districts	Area in Acres.	Estimated Population 1951.
6	Castle Green, Launceston	Launceston M.B.	2,182	4,516
		Bude-Stratton U.D.	4,294	5,254
		Camelford R.D.	52,544	7,347
		Launceston R.D.	73,051	6,438
		Stratton R.D.	56,285	5,635
			<hr/> 188,356 <hr/>	<hr/> 29,190 <hr/>
7	Westbourne, Liskeard.	Liskeard M.B.	2,704	4,388
		Saltash M.B.	5,335	7,936
		Looe U.D.	1,691	3,617
		Torpoint U.D.	975	7,236
		St. Germans R.D.	48,433	16,740
		Liskeard R.D.	104,803	14,100
			<hr/> 163,941 <hr/>	<hr/> 54,017 <hr/>

The day to day administration of all the Services administered by the Health Committee under the National Health Service Act, 1946, with the exception of the Mental Health Service, has been passed to each of the seven Area Health Sub-Committees for consideration and report. The experience of a further year has shown how valuable it is to secure the local knowledge of members of Borough and District Councils and Voluntary Associations in the detailed administration of these Services which now form so intimate a part of the life of the people in this County.

As far as the other two Authorities responsible for the administration of sister Services under the Act are concerned, it is encouraging to be able to report a continuing cordial relationship maintained with the Regional Hospital Board and the Executive Council for Cornwall. On the Hospital side, we are more largely concerned with the West Cornwall Hospital Management Committee and its Officers, with whom there has been ample opportunity for friction but none taken. A sense of unity of purpose seems to pervade the whole of the Health Services in spite of the various pieces into which it has been split for the operation of this Act.

## CARE OF MOTHERS AND YOUNG CHILDREN.

### General

It is impossible in considering the arrangements for the care of mothers and young children, to avoid some reference to the severe shortage of maternity beds in Hospitals in Cornwall. Many of us can remember the time 14 years ago when there were only 7 Hospital maternity beds for the



whole County, and now there are over 60 and that is not enough. There must surely be some limit to the proportion of mothers who have their babies in hospital, as compared with those who remain at home, and it is now generally agreed that something in the region of 50% of the total births should take place in Hospitals or Maternity Homes. In Cornwall, some 35% took place in Hospitals and Maternity Homes in the year 1951, and a further 7% in private Nursing Homes. The pressure on Hospital maternity beds was accentuated by the closing of several Nursing Homes, and this process is likely to continue. It is interesting to notice from the Annual Report of the South Western Regional Hospital Board that in the year 1951/2, 3,028 births took place in Hospitals in the Plymouth, South Devon and East Cornwall Hospital area, compared with 1,455 in the West Cornwall Hospital Management Committee area. It is true that the population of the Plymouth Hospital area is greater than that of West Cornwall, but when allowance is made for this, it shows that the Plymouth Hospital area is favoured to the tune of approximately 1,000 births a year in Hospitals, as compared with the West Cornwall area. There is no doubt that where there is some prospect of difficulty at the confinement, the patient is usually far better in hospital than at home, but where the home is suitable and there is adequate domestic help available, either privately or through the County Home Help Service, where there is a well qualified District Nurse fully equipped and trained to give analgesia, and where the family Doctor is interested in midwifery work, the best place for a normal confinement is at home.

The detailed report which follows shows the excellent work being done by the Council's Medical and Nursing staff. The Health Visiting and District Nursing Service has suffered severely from staff shortage, and this has thrown a very great strain on the Nurses who have been working in the County. Every effort is made by providing Training Courses, to increase the recruitment of Nurses to our Health Visiting and District Nursing staffs.

It is satisfactory to be able to report for the first year on record that there were no cases of Ophthalmia Neonatorum among new-born babies during the year.

The rapid fall in the death rate amongst mothers was largely due to the discovery and use of such well known drugs as the M & B series and penicillin, as a result of which there have been no deaths in this County from puerperal sepsis for 4 years. It is, however, encouraging to notice that there has also been a fall in the death rate from other causes which were not amenable to treatment by these new drugs. Presumably this reduction must be due to improved ante-natal and obstetric care.

The fall in the Infant Mortality rate is less influenced by new medical discoveries, and has been continuing for a much longer period of time than the fall in the Maternal Mortality rate. Here, I think, the Health Visiting and District Nursing Services can claim a large share of the credit, for their continuous process of health education throughout these years has had a



considerable influence on the health and wellbeing of the infants in the County. It is interesting to notice that had the death rate among infants in the year 1900 continued unchecked, not 163 but more likely 613 infants under the age of one year would have died in 1951. The effect of this over the years is that the school population at the present time is about 5,000 more than it would have been had the Infant Mortality rate continued unchecked.

The part of this section on the care of mothers and young children which deals with the causes of stillbirth and neonatal deaths shows the high proportion of neonatal deaths as well as stillbirths which are due to prematurity. Many of these neonatal deaths, which are deaths occurring in the first month of life, would be preventable if only we had a Paediatric Service with a fully established premature baby unit in the Hospital Service of Cornwall. That, therefore, is one of our most pressing needs.

The Child Welfare Centres continued their good work throughout the year in towns and villages, but it must always be remembered that in rural areas the method of choice for educating and helping the mothers is the visit by a fully qualified Health Visitor in the baby's own home, where all the home circumstances can be taken into account in advising the mother about the individual problems presented by her own baby. There is no justification for running an extensive transport service to bring mothers and babies from remote rural localities into a town to attend an Infant Welfare Centre.

### **Ante-Natal Clinics**

Consulting ante-natal clinics are provided by the Regional Hospital Board. These clinics are attended by patients who are to be admitted to hospitals for their confinements.

It has not been possible to establish routine ante-natal clinics as anticipated in the Proposals. All pregnant Women are entitled to ante-natal care and supervision by their own doctors. In some areas mothercraft classes and midwives ante-natal clinics have been set up. These clinics are essentially educational. Suitable exercises for preparation for the confinement are practised by the mothers and talks and discussions are held. Each Health Area has been provided with a birth atlas which is used at these classes.

### **Maternity Accommodation**

Maternity accommodation is provided by the Regional Hospital Board. Patients needing hospital accommodation on social grounds are recommended by the County Medical Officer. During the year 58 social cases were referred to the West Cornwall Hospital, Penzance, 62 to Redruth Hospital, 129 to Trebarras Maternity Home, Liskeard, and 124 to the Alexandra Maternity Home, Plymouth.



The following table shows the percentage of births which took place in the patient's home or elsewhere, and also the number of practising midwives:—

Year	Total No. of births	Percentage of total births occurring in			Midwives	
		Patient's home	Redruth Maternity Unit and other Hospitals	Nursing Homes	Total No. Practising	No. employed by C.C.N.A. or C.C.
1935	4376	*	3.3	*	214	163
1940	4431	*	6.5	*	251	184
1941	5281	65.2	19.1	15.7	231	137
1942	5126	63.4	20.1	16.5	238	157
1943	5134	58.5	19.8	21.7	186	152
1944	5853	54.0	25.0	21.0	250	154
1945	5222	54.0	23.0	23.0	223	152
1946	5910	56.4	21.2	22.4	181	137
1947	6288	58.3	19.7	22.0	195	145
1948	5521	57.3	23.8	18.9	193	140
1949	5214	56.7	33.2	10.1	215	128
1950	4883	58.2	29.5	12.3	187	123
1951	4869	58.3	34.8	6.9	161	120

\* Figures not available.

### Maternity Outfits

Sterilised Maternity Outfits are provided free for all domiciliary confinements. These outfits are distributed by the midwives or by the Health Area Offices.

### Rosemundy Home, St. Agnes

This Home is maintained by the Cornwall Social and Moral Welfare Association subsidised by a grant from the County Council. There is accommodation for 24 unmarried mothers and their babies. Each patient stays in the Home for about 6 months (2 months before confinement and 4 months after). During the year 35 girls were admitted and 35 babies were born in the Home.

### County Day Nursery

The Day Nursery at Newquay has accommodation for 45 children aged 2—5 years. During the year 91 children were admitted. The average daily attendance was 28, the maximum being 44. Owing to the poor attendance at the Nursery during the winter months, when the average daily attendance fell to 9, it was decided early in 1952 to close the Nursery.

### Puerperal Pyrexia

The Puerperal Pyrexia Regulations 1951 came into operation in August, revoking the previous regulations of 1926 and 1928. Under the new regulations puerperal pyrexia means "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days of childbirth or miscarriage." As expected, there was an increase of notifications, 66 cases being notified during the year. Of these, 30 were confined at home and 36 in institutions.

### Ophthalmia Neonatorum

No cases of Ophthalmia Neonatorum were notified during 1951.

The number of cases per 1,000 live births in recent years is as follows:—

Year	Total cases	No. per 1,000 live births
1945	12	2.7
1946	7	1.4
1947	7	1.3
1948	6	1.1
1949	6	1.2
1950	2	0.4
1951	0	—

### Maternal Mortality

There were 6 deaths associated with childbearing. Two of these were due to toxæmia, both dying before delivery. Of the others, 3 were due to pulmonary embolism, and 1 to fatty degeneration of the heart. These four all had healthy babies.

The maternal mortality calculated per 1,000 total births is 1.20 compared with 1.64 in 1950.



The following are the rates for 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
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
1949	—	0.00	2	0.38	2	0.38	0.98
1950	—	0.00	8	1.64	8	1.64	0.86
1951	—	0.00	6	1.20	6	1.20	0.79

The rates for particular years vary considerably, as owing to the comparatively small number of births each maternal death makes an alteration of about 0.2. An average for a five yearly period gives a fairer comparison with the rate for England and Wales.

The following are the quinquennial rates for recent years:—

		Cornwall	England & Wales
1932—1936	...	4.52	4.05
1937—1941	...	3.68	2.66
1942—1946	...	2.59	1.89
1947—1951	...	1.40	0.96

Although the maternal mortality rate in Cornwall shows a steady decrease, it remains higher than that for England & Wales. The falling rate can be attributed to several factors including better training of midwives; better hospital accommodation; better ante-natal care and education of patients; improved methods of treatment such as blood and plasma transfusions, and the use of antibiotics (penicillin and sulphanilamide drugs). It is interesting to note that there have been no deaths from puerperal sepsis in the county since 1947.

Arrangments have been made with the Hospital Management Committee to have the blood of every expectant mother typed into A.B.O. and rhesus groups. If it should be necessary to give a blood transfusion this can be done without delay. It also economises in the use of the rare rhesus negative blood which can be saved for rhesus negative women. If the type of the patient's blood is unknown it is essential that she be given this rare blood, whereas 85% could have been given rhesus positive blood which is more plentiful. This typing of blood also indicates which women should be



kept under observation, lest they later develop antibodies which might affect the baby and necessitate a replacement transfusion after it is born.

A flying squad to give immediate blood transfusions to patients in their own homes is available when called by a doctor, or by a midwife if a doctor is not available.

### Infant Mortality

The number of babies who died in 1951 during their first year of life was 163 giving a rate of 33.48 per 1,000 live births, as compared with 30.26 in 1950.

The following are the Infant Mortality rates per 1,000 live births for a number of years:—

			Cornwall	England & Wales
1898	...	...	156.24	160
1900	...	...	126.19	154
1910	...	...	85.44	105
1920	...	...	59.50	80
1930	...	...	51.27	60
1940	...	...	48.26	55
1941	...	...	52.46	59
1942	...	...	46.09	49
1943	...	...	35.81	49
1944	...	...	40.72	46
1945	...	...	36.67	46
1946	...	...	38.75	43
1947	...	...	34.85	41
1948	...	...	34.54	34
1949	...	...	32.24	32
1950	...	...	30.26	30
1951	...	...	33.48	29.6

To give an accurate comparison with the rate of the country as a whole, the following are quinquennial rates for recent years:—

		Cornwall	England & Wales
1932—36	...	52.00	60.80
1937—41	...	51.74	55.00
1942—46	...	39.61	46.60
1947—51	...	33.07	33.32

Investigations were made into these 163 infant deaths. It was found that 107 were neonatal deaths, that is babies who died during the first 4 weeks of life, giving a neonatal death rate of 21.98 as compared with 22.06 last year. The causes of the neonatal deaths were as follows:—

Prematurity only	35	
Congenital malformation	16	(including 4 premature)
Asphyxia and Atelectasis	9	(including 5 premature)
Difficult labour and birth injury	28	(including 7 premature)



Broncho pneumonia	10	(including 5 premature)
Rhesus incompatibility	5	
Gastro enteritis	1	
Other illnesses	1	
Accidental suffocation	2	

Closely linked with the causes of neonatal deaths are the stillbirths. In 1951 there were 116 stillbirths. A child is stillborn when it has issued forth from its mother after the 28th week of pregnancy, and has not at any time after being completely expelled from its mother, breathed or shown any other signs of life.

The causes of still births were:—

Prematurity only	8	
Congenital malformation	14	(including 6 premature)
Difficult labour and birth injury	25	(including 2 premature)
Asphyxia and atelectasis	2	
Rhesus incompatibility	4	(including 1 premature)
Maternal toxæmia	17	(including 11 premature)
Ante partum hæmorrhage	10	(including 8 premature)
Other maternal illness	2	(Both premature)
Born before arrival	8	(including 6 premature)
Cord round neck & abnormalities of cord	13	(including 1 premature)
Macerated	8	(including 5 premature)
Unknown	5	

It will be seen that 56 of the neonatal deaths and 50 of the stillbirths occurred in premature infants. Prematurity, congenital malformations, difficult confinements and maternal illness account for the majority of these deaths, and can all be ascribed to influences acting before birth. This shows the need for adequate and continuous antenatal care from the early months of pregnancy. In 10 cases of infant deaths, and in 12 stillbirths the mothers had no antenatal care.

It is considered that inadequate diet has an adverse effect on the developing foetus and on the mother's health. Because of this, expectant mothers are granted extra rations and vitamins. While the majority of women buy the extra rations, we do not know whether they take them themselves or divide them among the family fare. The take-up of vitamin tablets is only 37% of the expectant mothers entitled to them. This is an instance where further education is needed, and the reasons for taking her vitamins and extra rations should be explained to every expectant mother by her midwife.

There were 56 deaths of infants between the ages of 1 month and 1 year. After the neonatal period when the infant has survived the hazards of prematurity and birth trauma most deaths are due to infection—particularly infection of the respiratory tract. The following table gives the cause of death between 1 and 12 months, in 3 monthly age periods.



Cause of death	Age at death in months				
	1-3	4-6	7-9	10-12	Total
Congenital malformation ...	6	—	2	—	8
Gastro-enteritis ...	6	1	2	—	9
Other infections ...	2	—	—	3	5
Broncho pneumonia ...	11	7	2	1	21
Suffocation through inhalation of vomit ...	3	2	—	—	5
Other accidental cause ...	—	1	—	—	1
Others ...	3	—	3	1	7
	31	11	9	5	56

It is distressing to note the 5 deaths which were caused by suffocation through inhalation of vomit. There was also one neonatal death from this cause. All six babies were bottle fed. The danger of leaving a child with its bottle cannot be over emphasised.

### Child Welfare Centres

There are 40 Child Welfare Centres maintained by the County Council. The centre at St. Columb was closed owing to poor attendance. New centres were opened at St. Breward, Roche and Lostwithiel.

98 sessions a month are held at these centres; 4,070 children attended during the year making a total number of 23,469 attendances.

No. of children under 1 year who attended for first time ...	1,704
No. of children 1—5 years who attended for first time ...	543
Total attendances under 1 year ...	14,845
Total attendances 1—5 years ...	8,624

These centres are staffed by Assistant School Medical Officers, Health Visitors and District Nurses. In many centres valuable help is given by voluntary workers. This continued interest and assistance is much appreciated.

Centres are set up in towns and populous areas. In rural districts a service is provided by qualified Health Visitors, who visit homes where there are children under school age.

The aims of a Child Welfare Centre are threefold:—

1. Teaching parentcraft 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 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 the follow-up visits to her home by a Health Visitor, who makes sure the doctor's advice has been understood, and that the directions given are followed correctly. Further explanation is given in the home when necessary.

Centres are used to further Health Education. Attractive posters are displayed and pamphlets distributed. Talks and demonstrations are given at each session.

Centres provided by voluntary associations are held monthly at St. Mawes and Portscatho.

### THE NURSING SERVICES

The re-organisation of the Nursing Services made under the National Health Service Act has effected an economy in District Nurse-Midwives. This service has proved satisfactory. By providing Nurses with a telephone and car it is unnecessary to establish a Nurse in every village, and with a larger district she has sufficient work to keep in practice and maintain her efficiency.

The County Nursing Association still retains responsibility for housing and transporting nurses, and befriending them when they take up duty 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 service 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

The Public Health Nursing Service continues to function satisfactorily, despite the shortage of staff which at times has been most acute. During the year the work of all members of the staff has increased, especially that of the health visitor who (in carrying out her duties in accordance with Section 24 of Part 3 of the National Health Service Act) now takes the whole family under her wing. A certain amount of extra work is being carried out in relation to problem families, but more health visitors will be needed if satisfactory progress in this work is to be made and maintained.

#### Visits to Maternity Units

It is interesting to note that district midwives made 1,423 ambulance journeys in escorting patients to Maternity Units. Nearly half these journeys were made between the hours of 10 p.m. and 8 a.m., and the total time spent was 3,361 hours or the equivalent of the time of 1.2/5ths. full time midwives. Of the maternity patients delivered in hospital, 313 returned home before the fourteenth day and were attended by district midwives.



### Post-certificate Training

One hundred and ten of our district nurses spend approximately one third of their time on health visiting. In order to carry out this branch of their work it is necessary that they should possess the Health Visitor's Certificate. Training for this takes 9 months and is costly; therefore each year the County Council award a number of Bursaries to suitable candidates to enable them to take the training. During the year 8 members of the staff completed training and satisfied the examiners.

**Refresher Courses.** During the year 24 members of the staff attended refresher courses on various subjects as follows:—

Health Visiting	...	4	Home Nursing	...	3
Midwifery	...	15	Administration	...	2

### Gas and Air Analgesia

All midwives on the permanent staff are now qualified to administer Gas and Air Analgesia. Approximately 70% of the domiciliary midwifery cases attended by our midwives in 1951 had Gas and Air Analgesia.

### Housing

There is still a great deal to be done before the housing of our staff can be considered entirely satisfactory, but we are making some progress and during 1951 we have acquired seven more houses. We have in all 39 houses or flats giving permanent accommodation to 61 members of the staff; of these 16 are owned by the County Council or County Nursing Association; 17 are rented from local Housing Authorities; and 6 are rented from private individuals. Of the 39 houses, 29 are furnished by the County Nursing Association and 10 are let to the staff unfurnished.

### Transport

It is satisfactory to report that of the staff of 120 district nurse-midwives 113 have cars; 95 of these are provided by the Employing Authority. It would be impossible in such a rural county, and with the present shortage of staff, to maintain the service at a satisfactory level if there was not adequate transport provided.

### Nurses Employed on 31st December, 1951:—

#### Administrative Staff

County Nursing Officer	...	...	...	...	...	1
Deputy County Nursing Officer	...	...	...	...	...	1
Assistant County Nursing Officers	...	...	...	...	...	6

#### District Nurse-Midwives

" Queen's " Nursing Sisters, S.R.N., S.C.M., Health Visitors Certificate	...	...	...	...	...	15
" Queen's " Nursing Sisters, S.R.N., S.C.M.,	...	...	...	...	...	35
State Registered Nurse, S.C.M., Health Visitor's Certificate	...	...	...	...	...	4
State Registered Nurses, S.C.M.	...	...	...	...	...	23
State Certified Midwives, S.E.A.N.	...	...	...	...	...	43



**Health Visitors**

State Registered Nurses, S.C.M., Health Visitor's Certificate	27
	<hr/>
	155
	<hr/>

**Patients Attended by Nurse-Midwives**

New Patients	...	...	...	...	...	...	15,858
Surgical Cases	...	...	...	...	...	3,431	
Medical Cases	...	...	...	...	...	9,663	
Midwifery Cases	...	...	...	...	...	1,974	
Maternity Cases	...	...	...	...	...	657	
Miscarriages	...	...	...	...	...	183	

**Work done by Nurse-Midwives**

General Nursing Visits	...	...	...	...	...	176,543
Midwifery and Maternity Cases Visits	...	...	...	...	...	51,599
Casual Visits	...	...	...	...	...	14,015
Ante-natal Visits	...	...	...	...	...	25,387
Attendances at Operations	...	...	...	...	...	71
Nights on duty	...	...	...	...	...	1,964

**Maternity and Child Welfare Work**

	Full Time H.V's.	Part Time H.V's.	Admini- strative staff	Totals
Visits—New Births	2,140	2,660	—	4,800
Visits to children under 1 yr.	20,798	23,787	—	44,585
Visits to children aged 1-5 yrs.	34,735	32,587	—	67,322
Child Welfare Centres attended	1,161	1,014	106	2,281
Visits to Expectant Mothers	378	—	317	695
Ante-natal Clinics attended	—	—	46	46
Immunisation Clinics attended	253	—	2	255
Child Life Protection visits	63	40	42	145
Lectures given	230	—	41	271
Demonstrations	228	—	—	228

**School Work**

Attendances at Minor Ailment Clinics	...	906	—	—	906
Attendances at School Medical Inspections	...	352	366	—	718
Attendances at School Cleanliness Inspections	...	1,007	2,113	—	3,120
Follow-up visits	...	4,100	1,453	—	5,553

**Tuberculosis**

First visits to Patients' Homes	...	334	—	—	334
Re-visits to Patients' Homes	...	8,046	—	100	8,146
Clinics attended	...	521	—	39	560

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

## Midwives practising on 31st December, 1951:—

### Domiciliary Cornwall County Council:—

" Queen's " Nursing Sisters, S.R.N., S.C.M., H.V.Cert. ... ..	15
" Queen's " Nursing Sisters, S.R.N., S.C.M. ... ..	35
State Registered Nurses, S.C.M., H.V.Cert. ... ..	4
State Registered Nurses, S.C.M. ... ..	23
State Certified Midwives ... ..	43
	<hr/>
	120

Domiciliary in Private Practice ... ..	19
In Nursing Homes ... ..	22
	<hr/>
	161

## Cases attended by above midwives:—

	As Mid.Nurse	As Mat.Nurse	Totals
Cornwall County Council ... ..	1,974	657	2,631
Independent Midwives and in Nursing Homes ... ..	232	199	431
	<hr/>	<hr/>	<hr/>
	2,206	856	3,062

## Notifications received of:—

Stillbirths ... ..	131
Deaths of Mothers ... ..	2
Infants deaths ... ..	123
Artificial feeding ... ..	379
Liability to be Source of Infection ... ..	54
Sending for Medical Aid ... ..	601

## Medical Aid forms sent in respect of:—

Mother during Ante-natal ... ..	76
Mother during Labour ... ..	393
Mother during Puerperium ... ..	64
Infants ... ..	68

## Work of Supervisor and Assistants:—

Regular Inspections of Midwives and Nurses ... ..	405
Other visits to Nurses ... ..	583
Special visits of Enquiry ... ..	479
Inspections of Nursing Homes ... ..	39
Inspections of Old Persons Homes ... ..	40



### FAMILY PLANNING CLINIC

With a grant from the County Council the Family Planning Association opened a branch in Falmouth in January. The Clinic started by holding 2 sessions a month, but in July opened an extra monthly session to cope with the demand.

The number of new patients attending during the year was 270 with 45 returning for a second time. Five of those attending came because they had no children and wished to start a family.

Analysis of Patients shows the following reasons for attendance:—

T.B. Cases	...	15	Spacing of Family	...	152
Sub-fertility Cases	...	5	Limitation of Family	...	10
Other Medical Cases			Housing	...	33
including Mental	...	76	Economic	...	24

### NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

This Act provides for the registration and inspection of private day nurseries where children are cared for by the day for a period not exceeding 6 days, and also for persons who for reward receive into their homes children under the age of 5 to be looked after by the day for a period not exceeding 6 days.

The Council has approved of one Daily Minder who had 6 children under 5 in her care during the year. There were no new applications for registration under this Act.

### NURSING HOMES

During the year 56 routine visits of inspection were paid to Nursing Homes in the County. These Homes are registered and administered under sections 187-195 of the Public Health Act 1936. Three new applications were received, and after inspection and due consideration all were approved and licences issued by the County Council. One Home was closed by the owner.

At the end of the year there were 18 Nursing Homes on the register, with 58 maternity beds, (including 24 at Rosemundy) and 122 beds for other cases. 318 babies (including 35 at Rosemundy) were born in Nursing Homes as compared with 576 the previous year.

### DISABLED AND OLD PERSONS' HOMES

These Homes are administered under sections 37-40 of the National Assistance Act 1948. This Act provides for the registration and inspection of Homes which accommodate the aged, or persons who are blind, deaf and dumb, or other persons who are substantially or permanently handicapped by illness, injury or congenital deformity. During 1951, 5 new applications were received. After inspection and consideration 4 of these applications were approved, and one was refused as the Home did not



come within the provisions of the Act. One owner cancelled her registration and registered premises in another part of the County.

At the end of the year there were 13 Homes for the Aged and one Home for the Blind on the register, with total accommodation for 197 aged and 21 blind persons. During the year 50 routine visits of inspection were paid to these Homes.

### CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

In July I was appointed by the County Council as the designated officer under a joint circular of the Ministry of Health, the Ministry of Education and the Home Office, to co-ordinate the services of all the Voluntary and Statutory bodies interested in the care of children.

A meeting was held in each of the 7 Health Areas to which were invited:—The Children's Officer and Boarding-Out Visitors; Inspectors of the National Society for the Prevention of Cruelty to Children; Area Officers of the National Assistance Board; Organising Secretary and Outside Workers of the Social and Moral Welfare Association; District Education Clerks and School Attendance Officers; Probation Officers; District Welfare Officers; Representatives of the St. John Ambulance Brigade and the British Red Cross Society; the Children's Officer of the Ministry of Pensions; and a representative of the Women's Voluntary Service, together with the Assistant County Medical Officers and Assistant County Nursing Officers.

At these inaugural meetings, over which I presided, I was accompanied by the Maternity and Child Welfare Medical Officer, the Senior Assistant School Medical Officer, the County Psychiatrist, and the County Nursing Officer, I explained the intentions of the circular, and showed that there was indeed a need for co-ordinating the services already working in this field. I emphasised that there was no intention of interfering with the work or the existing liaison between the organisations present, but that the idea was to co-ordinate the services of all the interested bodies so that the best possible use could be made of the facilities available. The delegates in turn were then asked to tell of their work and in which way they might assist in dealing with the problem.

At the end of each meeting it was agreed to set up an Area Co-ordinating Committee, under the chairmanship of the Assistant County Medical Officer, to consist of the local representatives of the bodies mentioned in order to discuss the best ways and means of assisting (as recommended in Paragraph 7c of the circular) all cases of cruelty and significant cases of child neglect which were to be referred to the chairman.

These inaugural meetings have been followed in each area by regular meetings of local representatives of statutory and voluntary bodies having responsibility for, or interest in, the welfare of children. It has generally been reported there is very little criminal neglect or wilful cruelty. In nearly all cases the children are healthy, but the main complaints are in respect of personal cleanliness, clothing, housing, or of children being in



moral danger. The principal causes of this neglect are poor intelligence and bad management. Many of these families do not make use of Welfare Services available, and tend to move frequently.

Each problem family is discussed and careful consideration is given to decide which worker is the most suitable to supervise each particular family, and also the most appropriate action to be taken in each case. It is appreciated that progress in this work will necessarily be slow, and not spectacular.

These families will need constant and perpetual supervision and encouragement. It is well known that children deprived of maternal care in early life tend to become "problem parents" themselves. Our aim is to maintain the family as a unit and endeavour to improve their social status, and so prevent a perpetuation of this problem in the next generation.

The following case gives some impression of the work being done under the arrangements, and the usefulness of the medical approach in such problems:—

#### Case "D"

A pupil at a Boys' School had been causing the Head Teacher and School Attendance Officer much anxiety due to his being extremely ill-clad and undernourished almost to starvation point. The father is a farm labourer, the mother died in February, 1951 (Puerperal Anaemia), after refusing medical treatment and admission to hospital. At home is an elder brother, aged sixteen and one aged 7, whilst another aged 9 and a baby sister are in the care of their grandmother. The District Education Clerk brought the plight of this family to the attention of an N.S.P.C.C. Inspector, who visited the father in company with the School Attendance Officer, hoping that the Inspector's influence would cause the father to make better provision for his children.

The boy's condition during the summer months appeared to be less distressing, but in November the Headmaster again spoke to the School Attendance Officer, who in calling on the father was assured that the boy was properly fed and that he would return to school the following week with a complete new outfit of clothes. The clothing did not materialize.

The District Clerk stated that a door key had been stolen by this boy, and it was felt that the lad in his uncared-for condition might fall into bad company unless immediate steps were taken to help him, especially as an older brother had already been committed to an Approved School after a series of thefts. On receipt of this information, the Assistant County Medical Officer checked the boy's history with the Headmaster and medical records of the family with the Assistant School Medical Officer. He was found to be Grade "C" nutritionally but with no organic defects. He visited the home and interviewed father who was sitting by a fire whilst the children played happily with toys bought at Christmas. Examination of the boy confirmed his low physical rating and as a cousin was a notified case of Pulmonary Tuberculosis, an X-ray was advised. This suggestion was accepted by the father and the children have been tested with satisfactory results.



It was felt that diet deficiency was responsible for the low physical rating of these children, and it was found that their meals taken at home in the morning and at their grandmother's in the day (except for the boy in question, who had school dinners) consisted mainly of bread and jam). The father was co-operative and agreed that all the children of school age should stay at school for dinner. He has also provided sufficient clothing for the boy. The District Nurse has frequently made visits to the grandmother to advise on feeding and has reported an improvement. As a result the children are well fed and well clothed and have settled down comfortably.

### HOME HELP SERVICE

The Home Help Service established under Section 29 of the National Health Service is meeting an ever growing demand, which has necessitated an increase in the establishment in several centres. The W.V.S. continue to operate the Scheme, each district having a local organiser who is responsible to the Area Health Sub-Committee and its Medical Officer in her district.

The gratitude of those living in over 1,000 households who were helped by our Home Helps during 1951, is sufficient justification for this scheme. The aged and infirm, the chronic sick, the maternity patient, the tuberculous patient, and many other sorts of patients who lie ill at home, or who have to go to hospital, can sometimes make no arrangements for the domestic care of the other members of their family unless the County Council provides a Home Help. The present shortage of hospital beds, and the strain thrown on Domiciliary Services as a result, has made the provision of a strong Home Help Service all the more necessary. In those parts of the County in which the Service has been longest established, the value of the Service is most appreciated, and the demand on it is the heaviest. It is impossible to contemplate anything but a rapid increase in the size and cost of this Service.

The service now covers practically the whole County and where the home is remote, or there are exceptional circumstances, the need is met by a Resident Home Help. Each application is judged by medical need only and Home Helps are only available on the written recommendation of a doctor, nurse or responsible officer.

During 1951, Home Helps were employed in 1078 households as compared with 772 in 1950 and 718 in 1949. Of this total 299 have been maternity cases, representing 11% of the domiciliary confinements; priority is given to this work and then to those of temporary illness in active women, especially where there are children. When the mother is removed to hospital, every effort is made to keep the children at home, though sometimes this necessitates the services of a Resident Home Help for several weeks.

Included under other cases are illness and infirmity in old people, these being 751 as compared with 469 in the previous year. This increase is largely due to the demands on the service by the ageing population, who in many instances receive only a few hours' help each week, but are thus



enabled to remain in their own homes until such time as they require constant nursing attention.

There is some increase in the number of patients suffering from tuberculosis who have the services of a Home Help. Of these, a number of women who have had to remain in bed for several months are now permitted gradually to resume the care of their own households. Home Helps who undertake to work in tuberculosis households are X-rayed every six months, and receive instruction in precautionary methods by a nurse or health visitor.

The Home Help carries out the ordinary domestic work of the housewife such a cleaning, cooking, mending, shopping and caring for children, but is not required to do arrears of washing and housework. Her duties should never infringe upon nor interfere with those of the midwife or nurse when one is in attendance. Home Helps are not sent into homes where infectious disease is present without their consent, and that 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. Where there are exceptional circumstances the details are submitted to the Hardship Committee for special consideration.

The following table shows the number of Home Helps employed and the number of cases served. Without this service many more people would need hospital beds, accommodation in Old People's Homes, and children in Children's Homes.

	Number of Home Helps employed:			Number of cases served:			
	Whole time	Part time	Spare time	Matern- ity	Tubercu- losis	Other	Total
Area No. 1 ...	8	2	12	34	4	182	220
Area No. 2 ...	19	12	2	39	3	112	154
Area No. 3 ...	16	2	9	49	11	193	253
Area No. 4 ...	7	1	14	74	4	139	217
Area No. 5 ...	—	—	6	10	2	17	29
Area No. 6 ...	2	6	3	9	1	44	54
Area No. 7 ...	—	3	14	12	3	53	68
County Panel	5	—	2	72	—	11	83
Total 1951 ...	57	26	62	299	28	751	1078
Total 1950 ...	50	27	37	284	19	469	772

I should again like to express my thanks to Lady Carew Pole (W.V.S. County Organiser), and the Women's Voluntary Service for their excellent work undertaken on behalf of the County Council, and also to those District Councils who continue to co-operate in the scheme.

## DENTAL SERVICE

### General

The Dental Service struggled with the problem of shortage of staff throughout the year. Relief was very kindly afforded to us by the Local



Dental Committee, who have persuaded some of the private Dental Surgeons in the County to set aside definite sessions during which they will undertake the treatment of children referred to them by the School Dental Service. This is already proving a most useful arrangement, but it is generally recognised that it can only be a temporary arrangement until our own staff reaches full establishment. It would be impossible to contemplate a permanent arrangement where Local Authority Dental Officers inspected the children, and private Dental Surgeons treated them. We should certainly not be able to obtain satisfactory Dental Surgeons of a high standard to do inspection work only. Moreover, if the children were handed over entirely to private Dental Surgeons and the inspection arrangements abolished, there is no doubt that large numbers of those who accept dental treatment as a result of inspection, would no longer seek routine dental treatment if the inspection arrangements were discontinued. Nevertheless, we have every reason to be grateful to those private Dental Surgeons who have come to our aid in this emergency.

#### REPORT OF CHIEF DENTAL OFFICER

As previously, this report on the Dental Service provided by the County Council for the priority classes, is presented under two headings.

1. School Dental Service (Education Act, 1944)
2. Mothers and Young Children's Dental Service (National Health Service Act, 1946).

#### Staffing

The staff is common to both parts of the Service and has consisted of 1 Chief Dental Officer, and an equivalent of 5½ Assistant Dental Officers and 6 Dental Attendants for most of the year, together with 1 Dental Technician and 2 Apprentices, it being desirable that too long a break should not occur between the completion of the apprentices courses.

Mr. W. K. Batten resigned his appointment on the 28th February and Mr. H. J. Eagleson rejoined the staff at the end of last year.

Mr. F. H. Stranger reported sick during March, and has not yet returned to duty. It is probable that he will cease to be a member of the staff early in the new year.

Miss K. D. P. Hosking was appointed Dental Attendant at the Truro Centre and commenced duties on the 19th March. Two Dental Attendants resigned during the year, Miss M. Raymond on the 28th February and Miss B. Whitford on the 24th September. Miss Raymond has not yet been replaced.

Advertisements during the year have not resulted in any staff increase, and much leeway has yet to be made up to bring the staff up to its establishment of 1 Chief Dental Officer and 12 Assistant Dental Officers.



### Dental Centres

In addition to the existing 11 fully equipped and 3 temporary dental centres, a new fully equipped centre at Westbourne, Liskeard and a partially equipped one at Torpoint were brought into use during the year. A new centre of the most modern type is being built at St. Austell and will be completed and brought into use early in the new year.

With the exception of the St. Austell Dental District where owing to the lack of a convenient centre, treatment has been given either on school premises or in adapted or hired halls, all treatment in the remaining active districts has been carried out in the County's dental centres on regular days weekly and according to annual reports received from Assistant Dental Officers, with much benefit to patients and operators alike.

The Assistant Dental Officer in charge of the Redruth-Camborne, Helston and St. Ives Dental Districts holds clinics at Redruth on Monday and Thursday, at Camborne on Wednesday and Friday and at Helston and Hayle on alternate Tuesdays.

The Assistant Dental Officer at Falmouth holds clinics there daily except on Wednesday when he visits the Penryn Dental Centre.

The Assistant Dental Officer in charge of the Newquay and Wadebridge Dental Districts holds clinics at Newquay on Monday, at Wadebridge on Tuesday and Friday and at Bodmin on Wednesday and Thursday.

The Assistant Dental Officer in charge of the Liskeard and Saltash Dental Districts holds clinics at Callington on Monday, Torpoint on Tuesday, Saltash on Thursday and Liskeard on Wednesday and Friday.

I allocate Monday, Wednesday and Saturday mornings to treatment at Truro, Thursday to treatment at Penzance and the remaining 2 days administering general anaesthetics, consulting on orthodontic cases with my colleagues, treating in Truro, Launceston or Bude or doing administrative work at Truro.

Because there has been no dental officer at Penzance since March, it has been very necessary for me to visit there once a week in order to deal with urgent cases among school children and mothers and pre-school children, and occasionally to hold general anaesthetic sessions to clear up accumulated cases. Even if I'd had the time it became almost impossible for me to carry on at Launceston and Bude after the Dental attendant resigned as there was no one to arrange or help at the clinics. For a period, quite lengthy lists were submitted by the Area School Medical Officer, but when it was found on investigation that most of the cases named had persistently refused treatment and failed to keep appointments when called, they were discontinued.

The private practitioners in this area have helped considerably in dealing with cases of an urgent nature, and since the Bodmin, Wadebridge and Callington Centres have been opened and visited regularly, many cases in the Launceston area have been sent to clinics at these Centres.



### Routine Inspection and Treatment

Of a school population of 42,196, dental inspections have been carried out for 13,288, of these 10,733 have been found to require treatment and 10,233 were offered treatment, 155 sessions being devoted to inspections. This means that 81% of the children inspected required treatment, as compared with 75% in the previous year.

The treatment provided included the filling of 8,470 permanent and 1,097 temporary teeth, the extraction of 1,170 permanent and 4,884 temporary teeth. 174 of the temporary teeth being extracted for orthodontic reasons and not because of caries. The amount of treatment performed per 100 children was:—

Fillings		Extractions		Other Operations	
Perm. Teeth	Temp. Teeth	Perm. Teeth	Temp. Teeth	Perm. Teeth	Temp. Teeth
124	16	17	71	106	48

This represents an increased amount of work necessary per 100 on last year proving that the dental condition of children is generally deteriorating. During this year there has been an all-round increase in the total amount of work done, and the acceptance rate has increased from 61% last year to 66.7% this year.

Complaints are still received from some dental officers concerning the number of broken appointments but I feel that if only more care was given to see that head teachers were in possession of alternative lists of names, very often substitutes could be made and much of this non-attendance avoided.

A scheme has been prepared between this Authority and the Local Dental Committee whereby a proportion of those children whose treatment is impossible by the School Dental Service, because of the present staff shortage, will be inspected by the County's Dental Officers and the names and addresses of those needing and accepting treatment by private practitioners will be sent to the County Dental Centre, Truro, from where suitable numbers will be allocated to these practitioners who have offered to set aside part of their available time for the treatment of children. This treatment will be carried out under the National Health Service Act and as more cases are required, notice will be sent to the Chief Dental Officer. The only sorting of names found necessary will be so as not to send orthodontic cases to practitioners not wishing to undertake this class of work. All those needing denture work will be kept under the County's Dental Scheme in order to avoid any charge being put upon the children or parents.

Children needing urgent treatment have been successfully treated during the year, such cases having either been referred to and dealt with by the district Dental Officers direct or through the Central Dental Office, or by private practitioners who in many parts of the County have proved most helpful.



Procedure to obtain treatment for urgent cases has also been brought to the notice of head teachers and others in an excellent brochure issued by the School Health Section.

During this year a nominee of the Local Dental Committee has been co-opted as a member of the Dental Sub-Committee and the presence of such a member of meetings should prove most helpful to the Dental Service.

All the dental officers have paid special attention to the treatment of carious temporary teeth by rendering them self cleansing and have expressed satisfaction at the previous results obtained by this and the application of ammoniacal silver nitrate and have continued this treatment. It is an unfortunate fact however, that all the Dental Officers in their annual reports for this year express the view that since the war the teeth of the school entrants are yearly becoming progressively worse, and losing that advance made during the war years.

### Orthodontia

Not only bearing in mind the advice given in the Health of the School Child for 1946/7 that much time which ought to be devoted to more fundamentally important treatment should not be absorbed in too great a degree in carrying out treatment of a specialised and lengthy nature, but also bearing in mind the present grave staff shortage—it has been found not only impossible but inadvisable to attempt to treat all the cases needing orthodontic treatment who have either themselves applied for it, or have been referred from other sources, such as private practitioners, Assistant School Medical Officers, Speech Therapists or have been found in need of it at routine inspections.

Treatment has been continued for 164 orthodontic cases whose treatment was commenced in previous years and 115 new cases have been taken on during the year. Treatment has been satisfactorily completed for 61 children. In all cases treatment has been by appliances of a removable type.

In addition 102 irregularities of the teeth have been treated by extractions only and this has involved the extraction of 153 permanent teeth.

During the year I have continued to act in the capacity of consultant to my colleagues on this specialised type of treatment.

### Dental Laboratory

The dental laboratory has continued to be fully occupied, the work done for school children being shown in the following table:—

Orthodontic Appliances (Removable)	...	...	239
Record and Study Models	...	...	401
Partial Dentures	...	...	54
Dentures Repaired	...	...	16
Crowns and Inlays	...	...	3



As previously stated, another apprentice commenced duty during the year, the senior apprentice having now entered his 4th year and has passed the Intermediate Examination in Dental Technology held by the City and Guilds of London.

### **General Anaesthetics**

General anaesthetic facilities are now available at the Penzance, Falmouth, Redruth, Truro and Launceston Centres besides which there is a portable apparatus kept at Truro. Administrations have been carried out at the Truro, Penzance and Redruth Centres during 29 sessions (or part sessions) for 254 patients. This service is one that will increase quickly as staff becomes available to man all the Dental Centres.

### **X-Ray**

This service continues to expand and is being found more necessary as an aid to diagnosis year by year and as staff becomes available other installations will become essential. A total of 239 X-Rays were taken for 80 children at Truro and Falmouth.

### **Apprentices Course**

The practical course in dental mechanics for dental apprentices run by the Dolcoath Technical College continues to be run in the County's Laboratory on Monday afternoons; it has become so popular however that an extra session has been allocated on Thursday evenings. At both courses instruction is given by this Authority's Dental Technician; lectures have been given by Mr. N. Black and myself and I have been asked to supervise the whole course.

Eight students were selected because of their advanced age and length of apprenticeship, in each case over 2 years, and were entered for the Intermediate Examination of the London City and Guilds. Although their course should have extended over a period of 2 years, the City and Guilds allowed them to sit after a two term course of approximately 6 months in order to give them an opportunity of taking their finals before finishing their apprenticeship.

Of the 8 entrants, Mr. W. F. Best, our senior apprentice, was the only one to pass all parts of the Examination and obtain a 2nd Class Award. Three other students passed in Dental Mechanics but failed in the theory paper and in Chemistry and Physics, which means that they will have to take the Examination again. The others failed the Examination.

Application has also been received this year to run a similar course for dental technicians, but it was felt that it would be impossible to give the necessary time without increasing the Authority's laboratory staff which was inadvisable in view of the shortage of dental officers, so this course has been deferred.



### Mothers and Young Children's Dental Service

In order that the School Dental Service shall not unduly suffer, that portion of the Service for Mothers has again been confined to Truro, Falmouth, Penryn and Penzance Dental Districts and 136½ sessions have been devoted to the treatment of mothers and young children.

The following table shows the work done under this heading:—

#### (a) Numbers provided with dental care

	Expectant and Nursing Mothers	Children under Five
Examined ... ..	73	221
Needing Treatment ... ..	71	167
Treated ... ..	59	154
Made Dentally Fit ... ..	48	73
Attendances ... ..	268	340

#### (b) Forms of dental treatment provided

	Expectant and Nursing Mothers	Children under Five
Extractions ... ..	175	104
Anaesthetics:—		
Local ... ..	44	55
General ... ..	18	19
Fillings ... ..	104	105
Scalings ... ..	12	—
Silver Nitrate treatment ... ..	—	263
Dressings ... ..	70	—
X-Rays ... ..	6	1
Dentures Provided:—		
Full ... ..	29	—
Partial ... ..	21	—

It is of interest to note that the proportion of post-natal cases applying for treatment is much greater than the ante-natal ones—inspections 53 to 20 and the number treated 45 to 14.

There has been a falling off in the number of ante and post-natal, mothers being sent to the centres for inspection during the year. During the first few months of this year, there was almost a total lapse of mothers coming for dental treatment in the Penzance dental district.

I should like to express my thanks to the staff and to the Dental Sub-Committee for the support they have given me during the year, and would also like to thank the Ambulance Officers who have continued to be a great help to the Service on each occasion they have been approached for transport.

### AMBULANCE SERVICE

The call-out arrangements operated by the Health Area Offices on weekdays and by the County Fire Brigade at night and weekends have worked splendidly throughout the year. It has indeed been astonishing how little



the efficiency of this Service has been criticised when it is remembered that it carries on an average 250 patients 4,000 miles every day of the year, including weekends. The cost of the Service is certainly subject to criticism. The cost of the Ambulance Service in this County per thousand population is the highest in the country, and the reason for it is not far to seek. The number of patients that we are asked to carry per thousand population is also the highest of any County in the country, and far away higher than the next highest County. It is therefore because of this enormous load thrown on the Service that the cost is so heavy, and not because of inefficient administration. Indeed, the cost per mile in Cornwall is no higher than the average for all the Counties, and thanks to the careful measures taken to co-ordinate the ambulance journeys, the cost per patient carried is far below the average for the other Counties.

A very large proportion of the journeys we are asked to undertake are those involved in conveying patients regularly and frequently for physiotherapy treatment at the Hospitals, and it is therefore relevant to see whether the number of patients attending for this form of treatment in Cornwall exceeds that considered necessary in the next adjoining Hospital Management Committee area. In the Plymouth Hospital area, which includes South-East Cornwall and South Devon, the number of out-patients attendances for physiotherapy during the year ended 31st December 1951 was 200,403. In the West Cornwall Hospital area, the corresponding number was 97,424. Even allowing for the fact that the Plymouth Hospital area serves a population  $\frac{2}{5}$ ths greater than the West Cornwall area, the discrepancy in these figures is significant. There is no reason to believe that patients in West Cornwall need physiotherapy more or less frequently than those in the Plymouth Hospital area. Therefore it would seem that far from the attendance in the West Cornwall Hospital area being excessive, they have not yet provided as extensive a Service as that in the Plymouth Hospital area.

Every time we come to examine this problem of the load on the Ambulance Services, we come back to the difficulties of geography. It is just as important for the Cornish patient to get to and from Hospital as it is for the Plymouth patient. We are in effect ensuring this by providing a costly and extensive Ambulance Service. In this one direction, in fact, we are trying to provide urban facilities for rural areas, and we are finding it an expensive business, but who is to say that it is so costly that patients in outlying districts must be penalised for living in rural areas by being deprived of the treatment they require?

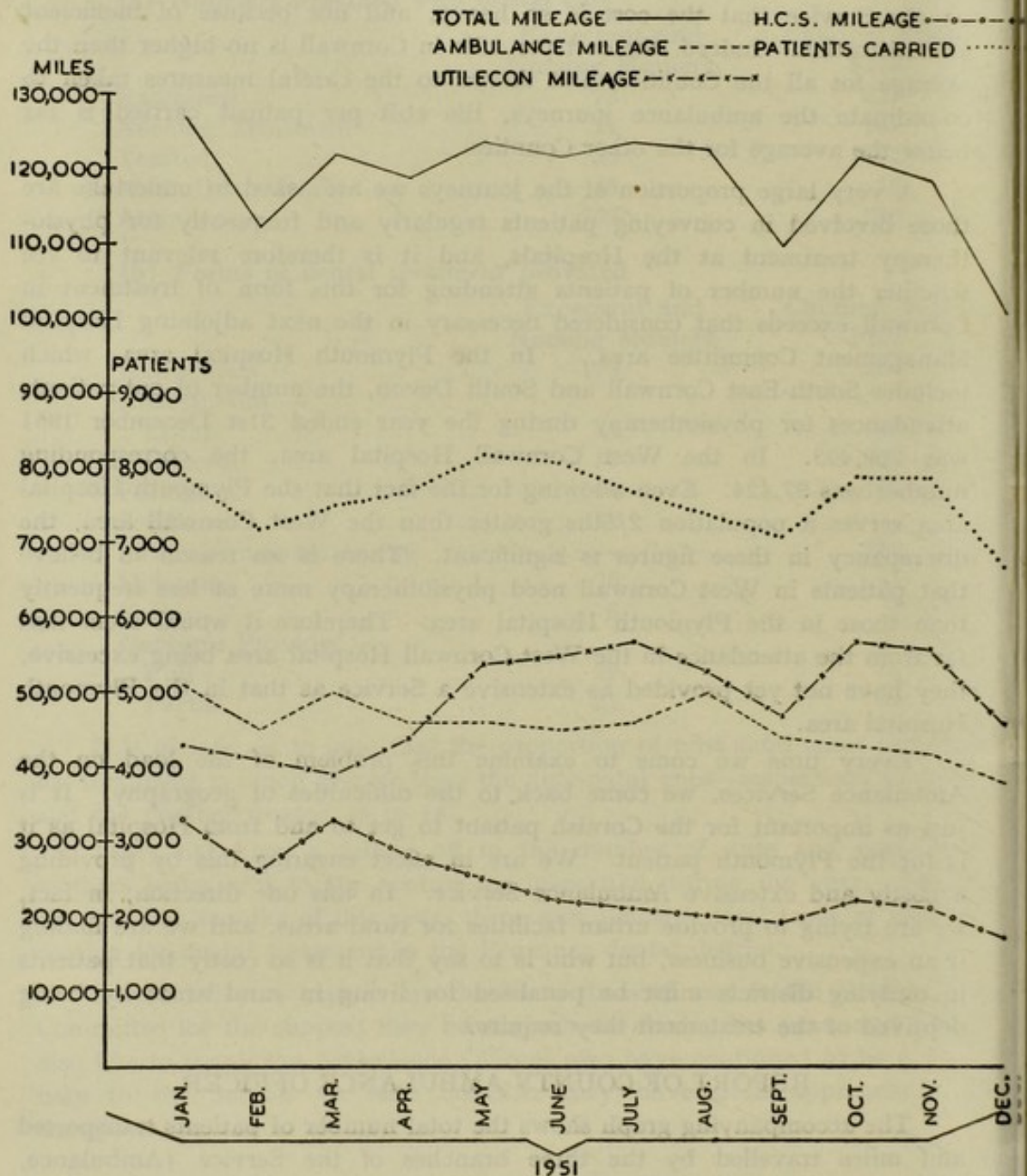
#### REPORT OF COUNTY AMBULANCE OFFICER.

The accompanying graph shows the total number of patients transported and miles travelled by the three branches of the Service (Ambulance, Utlecon and Hospital Car Service) for the year 1951. The graph shows a considerable levelling out of demands made on the Service, due largely to a better control of the Service. The arrangements concerning medical certification for the need for ambulance or sitting case transport, to which reference



was made in my last Report, has contributed largely to the fall in the number of cases for whom we have been asked to provide transport; the West Cornwall Hospital Management Committee has arranged for one person at each of the Hospitals under its control, to be responsible for co-ordinating

## AMBULANCE SERVICE - MILEAGES & PATIENTS



all the transport from that Hospital. It is a pity that the Plymouth Hospitals have not yet succeeded in providing co-ordinated arrangements for all the Plymouth Hospitals so far as Cornish transport is concerned. It is interesting to note that the number of cases for whom transport was



asked in the financial year 1951—52 was some 8,000 fewer than in the previous year.

The closest co-operation is being maintained with Hospital Management Committees, and I should like to thank them for the way in which they have considered our problems, and endeavoured to lighten the calls being made on the Service.

### **Vehicle Strength and Replacement**

The County Fire Brigade Engineer, in co-operation with the County Ambulance Officer, made a survey of all County-owned ambulance cars and Utlecon ambulances, resulting in a decision to replace 3 ambulances and 3 Utlecon ambulance cars.

### **Maintenance and Servicing**

Responsibility for the servicing and maintenance of all County-owned ambulance vehicles rests primarily on the County Fire Service, whose mechanics have continued to visit all Main Centres at regular intervals.

### **Disciplinary Sub-Committees**

To enforce care when driving County-owned vehicles, and discipline in the employed staff, it was decided to set up in each Area Disciplinary Sub-Committees to deal with accidents involving, or sustained by County-owned cars, in cases where the County Medical Officer decided that an enquiry was justified. Serious cases of insubordination or misconduct are also reported to this Committee.

Committee findings to date have resulted in one Driver being discharged from the Service and one Driver being found guilty of negligence.

### **Inter-Hospital Transport**

From the Appointed Day, the County Ambulance Service transported all cases between the County Maternity Ward and the two Annexes. This entailed keeping a night staff on duty at the Redruth Ambulance Depot. Investigations made with the Illogan Division of the St. John Ambulance Brigade resulted in this Division agreeing to undertake all these inter-hospital transfers between the hours of 7 p.m. and 7 a.m., Saturday afternoons and Sundays. This new arrangement commenced on 26th November and is working satisfactorily.

### **Ambulance Stations**

No new Stations have been completed during the year, but a new Station for Truro is at present under construction, and it is hoped will be ready for occupation at Midsummer 1952.

### **Radio Call-out**

Demonstrations and trials have been given by various manufacturers of Telecommunication apparatus, and orders have been placed with Messrs.



Marconi for a limited number of sets to cover the western area of the County. This new Service should be functioning early next year.

### Long Distance Transport

	1950	1951
No. of patients carried in ambulances and Utilecons ...	348	304
No. of patients carried by rail (omitting patients for whom the County Council did <b>not</b> pay fares) ... ..	83	100

### Volunteer Manning

During the year the Voluntary personnel at Country Centres transported 2,309 patients, travelling 91,225 miles, and have again justified the confidence placed by the County Council in the keenness of the St. John Ambulance Brigade and the British Red Cross Society.

### Service Statistics

During 1950 the Service transported 93,688 patients and travelled 1,557,892 miles, whereas during 1951 the total number of patients carried was 91,543, and miles travelled was 1,424,985, showing a decrease of 2,145 patients and 132,907 miles.

### Ambulance Service

	1950	1951
Number of patients carried ... ..	39,152	34,329
Number of miles travelled ... ..	554,159	546,860

### Utilecon Service

Number of patients carried ... ..	31,192	46,190
Number of miles travelled ... ..	390,601	590,680

### Hospital Car Service

Number of patients carried ... ..	23,344	11,024
Number of miles travelled ... ..	613,132	287,445

At the end of the year the strength of the Utilecon Service had been increased to 25 vehicles as compared with a total of 17 in the previous year, and this has resulted in the increased number of patients carried and mileage run by this service, with a corresponding reduction of that done by the Hospital Car Service.

It is, however, important to stress that, especially in remote country districts, the Voluntary Service of the Hospital Car Service drivers continues to form an integral part of the transport arrangements of the County.

The following tables set out in more detail the amount of work undertaken by the three branches of the County Ambulance Service in each of the Health Areas of the County:—



**Ambulance Service**

Area	Number of Patients Carried				No. of Journeys	Mileage
	Accidents	Emergency	Others	Total		
No. 1 Penzance ...	179	247	5,919	6,345	3,671	66,784
No. 2 Redruth ...	184	525	8,942	9,651	4,610	93,930
No. 3 Truro ...	170	363	7,177	7,710	4,899	98,140
No. 4 St. Austell ...	248	1,045	2,440	3,733	2,347	89,702
No. 5 Wadebridge ...	78	263	1,799	2,140	1,186	60,272
No. 6 Launceston ...	81	614	771	1,466	1,004	66,024
No. 7 Liskeard ...	165	703	2,416	3,284	2,027	72,008
Total	1,105	3,760	29,464	34,329	19,744	546,860

**Utilecon Service**

Area	Number of Patients Carried				No. of Journeys	Mileage
	Accidents	Emergency	Others	Total		
No. 1 Penzance ...	8	17	6,367	6,392	2,969	56,226
No. 2 Redruth ...	25	—	10,833	10,858	4,973	105,615
No. 3 Truro ...	20	10	13,990	14,020	7,083	124,731
No. 4 St. Austell ...	22	62	5,658	5,742	1,724	94,073
No. 5 Wadebridge ...	—	6	2,583	2,589	730	61,518
No. 6 Launceston ...	2	29	3,378	3,409	746	99,489
No. 7 Liskeard ...	6	13	3,161	3,180	1,009	49,028
Totals	83	137	45,970	46,190	19,234	590,680

**Hospital Car Service**

Area	Number of Patients		Number of Journeys	Mileage
No. 1 Penzance ...	...	1,166	808	19,628
No. 2 Redruth ...	...	771	691	23,928
No. 3 Truro ...	...	2,496	2,029	64,193
No. 4 St. Austell ...	...	2,289	1,399	35,299
No. 5 Wadebridge ...	...	914	670	27,928
No. 6 Launceston ...	...	1,371	900	52,309
No. 7 Liskeard ...	...	2,017	1,577	64,160
Totals	...	11,024	8,074	287,445

**EPIDEMIOLOGY AND PREVENTIVE MEDICINE**

A survey of the work of this department is given below. In Table III at the end of the report will be found 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. It will be noted that the County was comparatively free of poliomyelitis, the incidence being only one-third of that in each of the two preceding years. Measles and whooping cough were both wide-spread; in all, there were 1,485 cases of whooping cough of which four died. Although the death rate from whooping cough is light, the morbidity rate is high, many of the children being left with chronic bronchitis or bronchiectasis for the remainder of their lives.



A vaccine is available for use against whooping cough, but its value has never been satisfactorily assessed. The Medical Research Council are at present engaged in clinical trials to ascertain the value of this vaccine. Should these trials prove satisfactory, it will be a valuable weapon against this common disease.

I have continued to act, on behalf of the Regional Hospital Board, as Medical Superintendent of the County Isolation Hospital, for the purpose of correlating and expediting admissions. Clinical duties at the hospital are shared between my Deputy and a Consultant of the Regional Hospital Board, and in this way I am kept in the closest touch with the prevalence and severity of infectious diseases in the County.

### Diphtheria

There were ten confirmed cases notified during the year and there was one death. Of these ten cases, six (including the fatal case) had not been immunised.

I have referred in previous Reports to the virtual disappearance of diphtheria as a cause of death during this last ten years—the fall in the annual number of cases from 523 ten years ago to 10 this year, and the annual number of deaths from 42 ten years ago to 1 this year. This satisfactory result which, among other things, has enabled us to give away for other purposes the major part of the County Isolation Hospital, has been achieved only as a result of a successful immunisation campaign. Memories are short and the fear of diphtheria has passed; the proportion of children now being immunised against diphtheria shows a sad decline as compared with the numbers a few years ago. It is my duty to issue a solemn warning that unless the proportion of children immunised is maintained at something in the region of at least 75% diphtheria will return and will again be responsible for much unnecessary suffering and death.

It is far too easy to be complacent about this problem. It is difficult not to be satisfied with the fact that during the last 3 years 13,898 children in Cornwall have been immunised, and 18,268 have received boosting doses. We must face the fact that as far as we can make out only 59.2% of the children under the age of 15 have now been immunised, and the following table will show how the immunisation rate has sagged this last few years:—

Age at 31.12.51	Under 1	1	2	3	4
i.e. Born in Year	1951	1950	1949	1948	1947
Number Immunised ...	271	2,455	3,157	3,564	3,984
Percentage Immunised	5.6	48.2	58.6	58.3	69.2

Many years ago Sir George Newman said that smallpox was then 'a disease of those who elect to have it.' Broadly speaking, this is also true of diphtheria, and is certainly true of serious and dangerous attacks of that disease. Parents assume a heavy responsibility in not giving their children the advantage of immunisation, but allowing them to run the unnecessary risk of contracting and dying from diphtheria.



Immunisation against Diphtheria is being carried out by the general medical practitioners taking part in the County Council's vaccination and immunisation arrangements, who are supplied with antigens from the Public Health Laboratory Service, and by the Assistant School Medical Officers who carry out the work in the Child Welfare Centres and Schools.

### **Disseminated Sclerosis**

Dr. N. S. Alcock, Consulting Neurologist, has continued to notify all cases of disseminated sclerosis which he sees in the county. At the end of 1951, the number of confirmed cases living in Cornwall whose names are on our register was 55.

### **Enteric Fever**

No cases of typhoid fever were reported during the year. There was one case of paratyphoid fever, but in this instance the infection was contracted outside the County.

### **Food Poisoning**

36 cases were notified, compared with 87 in the previous year. 26 of these were notified from the three Sanitary Districts comprising one Health Area, in which the Assistant County Medical Officer has campaigned for a high standard of notification. The small numbers notified from the other Districts are a measure of the standard of notification rather than of the incidence of the disease.

### **Measles and Whooping Cough**

A heavy incidence of both these diseases was recorded. There were 5,813 cases of measles with three deaths, compared with 668 cases and no deaths in 1950. The cases of whooping cough totalled 1,485 with four deaths, compared with 729 cases and one death during the previous year.

### **Meningococcal Infections**

Five cases of meningococcal meningitis were notified during the year and three of these cases proved fatal.

### **Poliomyelitis**

There were 36 confirmed cases notified during the year, as compared with 98 in 1950. Of these thirty-six cases, 35 were paralytic and one non-paralytic. Five of the paralytic cases died.

For the most part the cases were sporadic, but a minor outbreak involving six cases occurred in the St. Mawgan—St. Columb area during March and April. The initial cases were associated with St. Mawgan School. The exact origin is uncertain, but it seems probable that the disease was imported by children of Royal Air Force personnel, who had recently returned from abroad and were attending the school.



### Acute Rheumatism

Acute rheumatism in persons under 16 years of age, was made a notifiable disease in the County of Cornwall on the 1st October, 1950.

During 1951, twelve cases were notified. This figure represents only half of the actual number of cases which occurred in the County, a further 13 cases coming to my notice through the School Health Department, which receives information regarding the discharge of school-children from the hospitals.

No matter how the information is obtained, all cases (with the permission of the general practitioners concerned), are referred to a consultant physician, as early treatment is essential if permanent damage to the heart is to be avoided. The following table based upon that required by the Rheumatic Fever Committee of the Medical Research Council, shows the classification of the cases reported during the year.

Clinical Classification of Case Notified	0—4		Age in Years 5—9		10—14		15 over		Total all ages		Total both Sexes
	M	F	M	F	M	F	M	F	M	F	
1. Rheumatic Pains and/or Arthritis without heart disease ...	—	—	—	—	3	5	1	—	4	5	9
2. Rheumatic Heart Disease (active)											
(a) Alone ...	—	—	—	1	—	—	—	—	—	1	1
(b) with polyarthritis ...	—	—	3	1	1	8	—	—	4	9	13
(c) with chorea ...	—	—	—	—	1	—	—	—	1	—	1
3. Rheumatic Heart Disease (Quiescent) ...	—	—	1	—	—	—	—	—	1	—	1
4. Rheumatic Chorea (alone) ...	—	—	—	—	—	—	—	—	—	—	—
Total Rheumatic Cases	—	—	4	2	5	13	1	—	10	15	25
5. Congenital Heart Disease ...	—	—	—	—	—	1	—	—	—	1	1
6. Other non-rheumatic Heart Disease or disorder ...	—	—	—	—	—	1	—	—	—	1	1
7. Not Rheumatic or Cardiac Disease ...	—	—	—	1	1	1	—	—	1	2	3
Total Non-Rheumatic Cases	—	—	—	1	1	3	—	—	1	4	5

24 New Cases, 1 recurrent case who subsequently died.

### Scarlet Fever

311 cases were notified as compared with 263 during the previous year.

Scarlet fever is at present a mild disease and apart from instances where infection occurs on a farm or in an hotel, is seldom treated in hospital. Only ten cases were admitted to the County Isolation Hospital during 1951.

### Smallpox

As in the previous year, no cases of smallpox occurred.

Vaccination against smallpox is carried out almost entirely by the 148 family doctors who are taking part in the County Council's Vaccination



Scheme, under which they are supplied with free lymph through the Public Health Laboratory Service. Arrangements have been made for vaccination to be carried out by members of the County Council's Medical Staff as required.

During the year 2,366 persons were vaccinated and 1,309 re-vaccinated, as compared with 1,714 persons vaccinated and 647 re-vaccinated during the previous year.

### **Tuberculosis**

In my Annual Report for last year, I expressed considerable doubt about the significance of notification rates for tuberculosis. Further study of this problem, has convinced me that no reliance whatever can be placed upon the notification rates of tuberculosis as indications of the incidence of the disease. For the last 5 years the number of cases definitely diagnosed as tuberculosis in the Tuberculosis Dispensaries, has exceeded the number of notifications. This led us to institute an informal interchange of information between the Tuberculosis Dispensaries and the Health Department, and by this means we heard of as many as 100 cases in a single year which had not been notified, although diagnosed definitely as tuberculosis. It has been the custom for the Tuberculosis Officers to rely on the family doctors to notify the cases, and often this has not been done. The complete unreliability of notification figures as an index of the incidence of tuberculosis does not, however, mean that the notification procedure itself is useless, for it is the foundation on which the Public Health Services for tuberculous patients are based. For complete knowledge of the incidence of tuberculosis, reliance must be placed upon that form of close co-operation between the Public Health Services and the Chest Services, now operated by the Hospital Management Committees, which fortunately for us is in full swing in Cornwall.

It follows from what I have said that it is impossible on the information derived from notification figures to say whether tuberculosis is becoming more or less widespread as the years go by. The mortality figures which used to be a fairly reliable index of the incidence of the disease can no longer be used for that purpose on account of modern discoveries which have preserved the lives of many who would in the old days have died from their infection. The only safe statement that can be made is that as a result of the combined efforts of the Health Services and the Chest Services, the number of deaths from tuberculosis in Cornwall has fallen to one-half the figure of 10 years ago, and that one-half of that considerable fall has taken place in the last 2 years.

The secret of success in dealing with tuberculosis lies in the complete combination of all the resources which may be directed against it. The Regional Hospital Board and the West Cornwall Hospital Management Committee made available during the year, additional beds for the accommodation of cases of tuberculosis, and this has proved of great value in the campaign against the disease, which was waged together by the County



Health Department, the Regional Hospital Board and the District Councils. It cannot be too often emphasised that the glamour of new methods of attack must not be allowed to blind us to the success of the well-tried methods which reduced the death rate from tuberculosis so considerably long before these new discoveries were made. It would be dangerous to ignore the importance of good housing, the abatement of over-crowding, and good environmental hygiene, and to disregard their importance, relying entirely on the new drugs for treatment and the new vaccine for the prevention of the disease.

The new development during the year under review was the testing and vaccination of susceptible home contacts of known cases of tuberculosis, and it is pleasing to be able to report that by the end of the year, 371 susceptible home contacts had received the new B.C.G. vaccination. As one by one the Health Areas of the County are completed in that all the susceptible home contacts of known cases are protected by B.C.G. vaccination, we hope to persuade the Ministry of Health to overcome their strange reluctance to allow us to offer similar protection to all school leavers. Only 25% or so of new cases of tuberculosis can be traced to infection derived in the patient's own home, and we shall not make much improvement on the incidence of the disease until we are allowed to offer this form of protection to all adolescents. It seems to many of us that the example of the Scandinavian countries, where B.C.G. vaccination has been adopted on a large scale and the incidence of the disease has fallen so markedly that these countries are now able to offer us beds in their empty Sanatoria, should stimulate the Ministry of Health to be equally enterprising for the benefit of the people in this country.

At the end of the year there were 2,078 cases of tuberculosis on the notification register, an increase of 63 over the previous year. This figure includes 306 cases notified during the year, as compared with 271 cases notified in 1950.

The following table shows the new cases notified and the mortality from tuberculosis during 1951.

Age Period	New Cases Notified				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0—1	—	—	—	—	—	—	—	—
1—5	—	2	7	8	—	2	2	3
5—15	8	8	9	9	1	—	—	—
15—45	74	80	5	14	17	16	3	3
45—65	47	14	3	2	22	11	3	1
65 and over	10	4	1	1	10	6	1	—
	<hr/>		<hr/>		<hr/>		<hr/>	
	139	108	25	34	50	35	9	7
	<hr/>		<hr/>		<hr/>		<hr/>	
	247		59		85		16	
	<hr/>				<hr/>			
	306				101			



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

	1947	1948	1949	1950	1951
Bones and Joints ...	13	21	11	5	12
Glands ... ..	7	4	21	16	36
Meninges ... ..	3	5	5	4	6
Abdomen and Peritoneum	1	2	4	2	2
Kidneys and Bladder ...	—	2	2	2	2
Others ... ..	4	1	4	—	1
	—	—	—	—	—
	28	35	47	29	59
	—	—	—	—	—

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	0.46	0.08	0.54
1948	112	32	144	0.34	0.10	0.44	0.44	0.07	0.88
1949	127	23	150	0.38	0.07	0.45			0.45
1950	108	18	126	0.32	0.05	0.37			0.36
1951	85	16	101	0.25	0.047	0.297			0.31

The dispensary register is the responsibility of the Regional Hospital Board, but the essential liaison between the dispensaries and the Health Area Offices is secured by the attendance of Health Visitors at the dispensaries.



The Table below shows the cases diagnosed at the dispensaries for the past 20 years.

NEW (DEFINITE) CASES.

Year	Respiratory				Non-Respiratory				Respiratory and Non-Respiratory.
	Men	Women	Children	Total	Men	Women	Children	Total	Total
1932 ...	102	92	6	200	8	15	15	38	238
1933 ...	103	73	7	183	13	7	4	24	207
1934 ...	91	74	5	170	12	18	15	45	215
1935 ...	87	51	2	140	8	10	8	26	166
1936 ...	77	66	5	148	7	5	6	18	166
1937 ...	79	60	9	148	12	4	6	22	170
1938 ...	92	56	3	151	17	11	14	42	193
1939 ...	74	64	6	144	10	13	18	41	185
1940 ...	93	68	7	168	10	5	15	30	198
1941 ...	97	68	6	171	9	6	21	36	207
1942 ...	126	58	5	189	7	5	14	26	215
1943 ...	104	67	5	176	10	13	19	42	218
1944 ...	93	64	—	157	4	17	21	42	199
1945 ...	135	82	1	218	11	4	9	24	242
1946 ...	94	85	3	182	7	7	11	25	207
1947 ...	154	89	28	271	18	20	27	65	336
1948 ...	184	133	43	360	14	19	38	71	431
1949 ...	151	128	32	311	10	14	25	49	360
1950 ...	167	115	20	302	9	7	12	28	330
1951 ...	(Not available)								

It will be remembered that in my last year's report, I discussed in some detail the general problems of prevention of tuberculosis. I stressed that in view of the shortage of beds and the limited medical and nursing staff available for field work, it was impossible to make a vigorous attack against tuberculosis on a County-wide scale; in consequence, whilst in no way reducing the preventive measures at present being taken in all areas of the County, i.e. protection of contacts; re-housing of tuberculous families etc., we decided to concentrate our ancillary methods and technique, in particular mass radiography, on local authority areas, starting in areas where the incidence was excessively high. I gave some account of the preliminary survey carried out at St. Just, and below is an account of the visit of the Mass Radiography Unit to St. Just and a summary of the results achieved.



Table I—Result of Tuberculin Tests

Age (years)	St. Just Churchtown		Pendeen		Total (St. Just U.D.C.)	
	No. tested	Positive %	No. tested	Positive %	No. tested	Positive %
5—6 ...	23	26	31	26	54	25
7—8 ...	47	38	34	58	81	47
9—10 ...	61	33	38	58	99	42
11—12 ...	59	49	20	55	79	50
13—14 ...	72	50	9	66	81	56
15 and over ...	39	51	12	58	51	54

## TUBERCULIN TESTING

A tuberculin test was offered to all children attending schools in the area. The parents were approached by means of a circular letter for permission to carry out tuberculin testing, and the response was excellent, 92% accepted.

Tuberculin jelly was used, the method being that advocated by Pointon Dick. To ensure uniformity, the application and reading of the tests was done by a team of one health visitor and two doctors. Positive reactors were graded according to sensitivity into + (slight), ++ (moderate), and +++ (severe).

The results are shown in Table I above. No correlation was found between the degree of sensitivity and subsequent X-ray findings. It is interesting to note the consistently higher spontaneous conversion-rate in children of the Pendeen ward than in those of St. Just Churchtown.

## MASS RADIOGRAPHY

We were fortunate in obtaining the services of a mass-radiography unit for six weeks, and the director with his team worked very hard to make the project a success. The aim was to radiograph the largest possible proportion of the whole population, except children under 5. The survey was undertaken between January 29th and March 15th—admittedly too early in the year, but the unit was committed elsewhere for the summer. The usual methods of advertising the presence of the unit were employed—namely, posters, letters, talks with local organisations such as the British Legion and Women's Institutes, and a house-to-house canvass. I am indebted to Dr. Geoffrey Sheers for permission to publish his figures. Table II shows the response and Table III the significant results. Among the inactive groups are included many small calcified foci of no clinical significance.



Table II—Response to Mass Radiography

Group	Totals	No. available†	No. radio- graphed	% radio- graphed
School-children ...	524	365	294	80.54
Geevor Mine ...	310	310	216	69.67
St. Just U.D.C. (totals)	4,093	3,615	1,611*	44.5

\* 105 were X-rayed at hospital.

† 319 children under 5, and 159 tuberculin-negative school-children aged 5—11, were excluded.

Table III—Cases Found

	No. of cases	Incidence per 1,000 examined
Pulmonary tuberculosis:		
Active ... ..	12	7.9
Observation ... ..	13	8.6
Inactive ... ..	171	113.0
Silicosis ... ..	31	20.6

## B.C.G. VACCINATION

It is now generally believed that B.C.G. gives some degree of protection to the susceptible and can rightly be given to contacts and those exposed to special risk.

The parents of tuberculin-negative children in the St. Just area were asked whether they would like their children to receive B.C.G. vaccine should it be considered necessary. The response was good: 82% accepted, 6% refused, and 12% did not reply to my letter. Vaccination has so far been limited to contacts of known cases; all of those willing have now been vaccinated.

## DISCUSSION

Certain aspects of this survey have been disappointing, particularly the response to the offer of mass radiography. Early in the investigations St. Just became labelled by the press as a "black spot," a description much resented by the local council; and, though the small better-informed section reacted in a rational manner, many stayed away for fear that "something might be there. Better to live in ignorance than to know."

Much has been achieved. We now know the location of most of the dangerous sources of infection; we have an X-ray record of the school population, together with the record of their tuberculin reactions; and we have the co-operation of parents to carry out B.C.G. vaccination where necessary. We have the promise of mass radiography in St. Just for three or four days yearly—a time long enough to allow annual examination of all children aged 11+. This has all been achieved by the use of the resources on the spot—the general practitioners, the health visitors, the district nurses, and the school medical officers. We have therefore, I feel, evolved a practical method which can be used in other parts of the county.

There are, I believe, strong grounds for extending B.C.G. protection.



Anderson emphasises that when vaccination is confined to contacts, many children are missed who subsequently develop tuberculosis; and that natural tuberculin conversion occurs mainly in the age-group 15—25. He therefore advocates the use of B.C.G. for all school-leavers. In an area such as St. Just, where the incidence of tuberculosis is high, conversion apparently occurs soon after entry to school, and, should this finding be confirmed, it would be reasonable to use B.C.G. early in school life.

## CARE AND AFTER-CARE

### 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.

117 patients received after-care grants during the year, and 73 were in receipt of 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 has undertaken financial responsibility for the training of two patients 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.

### HEALTH EDUCATION

The aim of Health Education is to ensure that every person should live a normal life without unnecessary sickness or discomfort. Much illness could and should be avoided, and this preventive aspect of Public Health is carried out by doctors, health visitors and nurses. By telling the public those factors which favour or prevent disease we hope to reduce the incidence of sickness. From a financial point of view it is more economical to prevent illness than to treat established disease. The chief obstacle is to arouse sufficient public interest in positive health.

The County Council continue to take advantage of the services of the Central Council for Health Education by contributing to its funds 10/- per 1,000 of the population. These services include residential courses for health visitors and teachers, touring lecturers, and propaganda material and literature — posters and leaflets, the latter being free to the value of one-sixth of the contribution. There is also a central library from which books on health education can be borrowed free of charge.

In the Spring the Central Council for Health Education held a two day course on the "Principles, Methods and Media of Health Education," at St. Austell. This course was well attended by district Medical Officers of Health, School Medical Officers, Health Visitors and Nurses, who found the lectures and discussions most stimulating. At the same time there was a one day course for Head Teachers or their deputies on Health Education in Schools, and another one day course for staffs of Children's Homes and Nurseries, Probation Officers and others, on "Looking after Children."

The Central Council also held an open evening meeting on the "Problems of Child Care," and an evening meeting for food handlers on "Food Hygiene."

The work of educating the public in healthy living is mostly done by Health Visitors and District Nurses in the homes they visit. In this way special reference can be given to individual problems. Talks and demonstrations with poster display and distribution of leaflets were also given at Welfare Centres and in schools as follows:—



**Area I**

Vaccination and Diphtheria  
Immunisation.  
Food Protection.  
Improvising a Cot.  
Family Budgeting.  
The way to dress a Baby.  
Prevention of Accidents.  
Prevention of Accidental  
Suffocation.  
Development of Teeth.  
Nursing of Measles.  
Cleaning of feeding bottles.  
How to Prepare Baby's Feeds.  
Growth and Development at  
different age periods.  
Prevention of Colds.  
Keeping Milk fresh and clean.

Weaning.  
Breast feeding.  
Artificial feeding.  
Diets.  
Vitamins.  
Toddlers' Meals.  
The Difficult Toddler.  
Value of Sleep.  
Posture.  
Care of Hair.  
Food Hygiene.  
Dangers of House Flies.  
Layette.  
Feet.  
Infectious Diseases.  
Care of Napkins.

**Area II**

Feeding Infants.  
Clothing Infants.  
Bottle Hygiene.  
Dangers of Flies.  
Bedding.  
Teeth.

Food.  
Feeding Habits.  
Prevention of Infection.  
Prevention of Accidents.  
Vaccination and Immunisation.

**Area III**

Bathing baby.  
Feeding children.  
Gas and air analgesia.  
Prenatal and post natal exercises  
and relaxation.

Discussion and demonstration of  
needlework.  
Infant feeding.  
Precautions against current infections.  
Informal discussions on mothercraft.

**Area IV**

Prevention of Disease.  
Nail Biting.  
Importance of Bathing.  
Summer Diarrhoea.  
Prevention of Infection.  
Food and Flies.  
Nails and Teeth.  
Prevention of Accidents in the  
Home.

Deportment.  
Home Nursing.  
Relaxation and Exercises.  
Gas and Air Analgesia.  
Diphtheria Immunisation.  
Diet during Pregnancy.  
Cleanliness and Care of Skin.  
Vitamins.  
Food Priorities.

**Area V**

A Health Education stand was displayed in the Traders' Exhibition in Wadebridge, and was most successful. Over 3,000 people saw the exhibition material which covered food poisoning, tuberculosis, diphtheria immunisation and general subjects. Great interest was taken by the public in these topics and the Nurses and Health Visitors on duty answered many questions and gave further information.



**Area VI**

Dental Caries.  
 Food Handling.  
 Prevention of Infection.  
 Rules of Health.  
 Infant Feeding.  
 Relaxation Exercises.  
 Mothercraft.  
 Infant Management.

Value of Priority rations and Vitamins.  
 Individual Problems.  
 Dentition.  
 Minor ailments of Children.  
 Vaccination and Immunisation.  
 First Aid.  
 Infantile Paralysis.

**Area VII**

Breast Feeding.  
 Toddlers' Diet.  
 Toddlers' Clothing.  
 Home Nursing.  
 Cleanliness.  
 Development of Child.  
 Measles.  
 Fireguards.  
 Coughing and Sneezing and  
 Handkerchief Hygiene.  
 Rashes in Babies.  
 Food Hygiene.  
 Fly abatement and Refuse  
 Disposal.  
 Poliomyelitis.  
 Personal Cleanliness.

Sleep.  
 Immunisation and Vaccination.  
 Vitamins.  
 Safety first in the Home.  
 Conduct of Labour.  
 Rules of Health.  
 Care of bottles and teats.  
 Ear, Nose and Throat.  
 Dentition.  
 Personal Hygiene.  
 Fresh air and Exercise.  
 Care of Teeth.  
 Hand Washing.  
 Minor Ailments.  
 Whooping Cough.

The Cine-projector has been used throughout the County and proves very popular. Films have been shown following a lecture on such subjects as Food Poisoning, Accidents in the Home, Parentcraft, to audiences including Women's Institutes, Food Handlers, Parent-Teachers' Associations, Schools, Mothers at clinics, Old People's Clubs, nurses, midwives and others. Film shows have been given 68 times during the year.

Two film strip projectors have also been provided by the Council. These are used by doctors and nurses to illustrate health talks.

**MENTAL HEALTH****General**

In spite of the helpful co-operation of the Regional Hospital Board, and particularly of the Royal Western Counties Institution at Starcross, one of the most pressing problems during the year was caused by the shortage of accommodation in Certified Institutions for low-grade cases. A glance at the Tables in this section of the Report will show that there were very few higher grade defectives on the waiting list, but imbeciles and idiots accounted for 27 of the 34 cases still awaiting admission. It is understood that the difficulty in providing accommodation for cases of this kind depends upon the difficulty of getting staff rather than finding sufficient beds.

Another problem in connection with accommodation which was brought to the fore during the year was that connected with senile dementia. Owing



to the lack of suitable accommodation in this County for elderly patients of this kind, they had of necessity to be certified and admitted to St. Lawrence's Hospital at Bodmin. These patients are, of course, not able to exercise the necessary volition to be admitted as voluntary patients, and therefore certification is necessary. This is not good from the point of view of the patient and his family, nor is it good from the point of view of St. Lawrence's Hospital which should be concentrating on treatable cases rather than on providing nursing care and attention for these elderly hopeless patients. It is noticed in the Annual Report of the South Western Regional Hospital Board that 3 long-stay Annexes have been equipped for senile patients in other parts of the Region, and such an Annexe is certainly much to be desired in this part of the Region.

It has been impossible, owing to lack of staff, to give the care and help to the 526 mentally defective persons residing in Cornwall to the extent that we undoubtedly should do. The establishment provides for a Senior Mental Health Worker and 2 others for this very large number of patients. Even though we had been able to maintain the staff at that strength, it is obvious that the task would be more than they could undertake. It is hoped that the merging of the Health and Welfare Departments will give an opportunity to allocate more staff time to this work which is so urgently required.

We had hoped that it would have been possible to establish in some suitable place, an Occupation Centre which could be attended by a number of the defectives living at home. It is unfortunate that the financial stringency of the times has made it necessary to postpone this very desirable addition to our Service.

## REPORT OF COUNTY PSYCHIATRIST

### 1. Administration

#### (a) Constitution and Meetings of Mental Health Sub-Committee

The constitution of the Mental Sub-Committee remains unchanged, and the Committee continues to hold quarterly meetings.

#### (b) Number and Qualifications of Staff Employed in the Mental Health Service

The County Psychiatrist is in charge of the Mental Health Section of the Health Department, and although he also conducts the Council's Child Guidance Service, on behalf of the Education Committee, he is always available for consultation and advice on all matters relating to Mental Deficiency and Mental Illness. The administrative work of the Mental Health Section is carried out by the Senior Mental Worker and an assistant, and the Senior Officer also conducts duties in the "Field." He is supported by two Mental Health Workers, and a Social Worker, who is employed on a part-time basis between the Mental Health and the Child Guidance Services.

Seven Duly Authorised Officers, who are also Senior Clerks in Health Area Offices, are responsible for the initial steps for ensuring care and treat-



ment of persons suffering from mental illness, and these Officers have had long experience of their duties under the Lunacy and Mental Treatment Acts. Details of the staff engaged in the Mental Health Service is given at the beginning of this report.

**(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees**

No arrangements have been found necessary for the joint use of staff, but a very close liaison has been maintained throughout the year with the South Western Regional Hospital Board and the local Hospital Management Committees. The utmost assistance has been given by the Board in allocating vacancies for Mental Defectives requiring Institutional care, and during the year 34 cases have been admitted. The supervision and guidance of patients on Licence from Institutions for Mental Defectives and resident in the County has been carried out on behalf of the various Hospital Management Committees.

**(d) Duties Delegated to Voluntary Associations**

No Mental Health duties have been delegated to Voluntary Associations, other than the continuance of existing arrangements whereby two mental defectives are supervised by the Brighton Guardianship Society. The National Association for Mental Health has been approached on occasions for information concerning accommodation for specified cases of Mental Deficiency.

**(e) Training of Mental Health Workers**

Owing to shortage of Mental Health staff, it has not been possible to arrange for Officers to attend courses of training requiring a long absence from duty. It has been decided, however, to carry out a scheme of "In Service" training, and a locally arranged training course for Mental Health Workers and Duly Authorised Officers will commence early in 1952. Local conferences of Officers have been held, with a free exchange of views and ideas.

**2. Work Undertaken in the Community**

**(a) Under Section 28, National Health Service Act, 1946**

The number of cases dealt with under this Section during 1951 has been disappointingly small, owing to lack of trained staff to undertake this work. The Mental Health Workers, owing to duties under the Mental Deficiency Acts, have been unable to undertake the after-care of more than a few special cases. It is hoped, however, following the training course referred to in the preceding paragraph, to arrange for duties under Section 28 to be undertaken by the Duly Authorised Officers during 1952.

**(b) Under the Lunacy and Mental Treatment Acts, 1890—1930  
by Duly Authorised Officers**

Whilst the Duly Authorised Officers in Cornwall are also Senior Clerks in the Health Area Offices, and are thus concerned with the Mental Health



Service in a part-time capacity, they are encouraged to assist local practitioners and the general public in all aspects of mental health. In addition to their Statutory duties, the Duly Authorised Officers assist where necessary with the admission of voluntary and temporary patients, including the provision of transport where required. Close liaison is also maintained with the medical staff of the Mental Hospital.

### **(c) Under the Mental Deficiency Acts, 1913—1938**

#### **(i) Ascertainment**

The majority of cases reported to the Local Health Authority during 1951, have been referred by the Education Committee under Section 57(3) and 57(5) of the Education Act, 1944, and these cases have been dealt with either by placing under Statutory Supervision or by admission to an appropriate Institution. Cases reported from various sources, at a later date, not having been notified whilst at school, are personally visited by the County Psychiatrist, and reported to the Mental Health Sub-Committee with a view to ascertainment. It is worth noting that during the year two cases previously notified by the Education Committee under Section 57(3) of the Education Act, 1944, have been re-admitted to the education framework under the Education (Miscellaneous Provisions) Act, 1948.

Vacancies in Institutions have increased during the year, and although the position in respect of low grade defectives is still inadequate, it has been possible, through the co-operation of the Regional Hospital Board, to obtain an encouraging number of vacancies for low grade cases, urgently needing accommodation. The list of cases awaiting admission to Institutions has been carefully revised and amended. It has been possible to reduce the number of patients on this list from the figure of 84 at 31st December, 1950, to the present one of 34.

A detailed analysis of ascertainment, admissions to Institutions, and cases awaiting admission is shown in the tables at the end of this section.

#### **(ii) Guardianship and Supervision**

There are 11 cases under Guardianship in the County and these patients receive regular visitation by the Mental Health Staff, and an annual visit by the County Psychiatrist. Two Cornish cases resident in the County of Devon are supervised by that Authority, and two further cases in Brighton are supervised by the Brighton Guardianship Society. All Guardianship cases receive maintenance allowances from the National Assistance Board, and the County Council assists two cases only, by way of clothing allowances.

There are 491 cases under supervision in the County, and a detailed analysis of these appears in the tables. Visits are paid to all defectives by the Mental Health Workers and help and advice given. Assistance in obtaining employment is rendered in suitable cases. Staffing problems have again curtailed both the quantity and the detail of the work undertaken but it is hoped that this position will be more than remedied in 1952.



The necessary arrangements have been made for the periodical medical examination of all defectives of school age, in order that they shall be afforded the same routine medical inspection as the normal school child. This scheme will commence in January, 1952, and will be operating for the first time in Cornwall.

### (iii) Occupation and Training

During the year, a survey of defectives of school age in the community has been conducted, with a view to ascertaining the number of possible cases for attendance at an Occupation Centre. It has been established that such a Centre could be organised, but that the cost of transport of patients would be high. In view of the present financial situation, it is unlikely that approval will be given for such expenditure during the coming year, but the need for this type of training is fully realised, and it is hoped that an Occupation Centre will be provided as soon as conditions permit. There is no scheme for the home teaching of defectives, as it is felt that a day Occupation Centre is far preferable, and its possibility should not be diverted by a Home Teaching scheme.

### Mental Health Statistics at 31st December, 1951

#### 1. Mental Patients

(a) Admissions during the year by Duly Authorised Officers.

Name of Hospital.	Certified		Voluntary		Temporary		Section 20.		Section 21.		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
St. Lawrence's Hospital, Bodmin.	67	117	36	61	1	3	3	1	5	6	112	188
Moorhaven Hospital, Devon.	1	—	—	—	—	—	—	—	1	—	2	—
Total	68	117	36	61	1	3	3	1	6	6	114	188

Total admissions during 1951 by Duly Authorised Officers ... 302

(b) Admissions of Cornish Patients during the year from all sources.

Name of Hospital	Certified		Voluntary		Temporary		Total	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Lawrence's Hospital, Bodmin.	67	117	159	216	1	5	227	338
Moorhaven Hospital, Devon.	1	—	8	19	—	—	9	19
Totals	68	117	167	235	1	5	236	357

Total admissions during 1951, of Cornish patients ... 593



## (c) Numbers of Cornish Patients in Hospitals at the 31st December, 1951

Name of Hospital	Certified		Voluntary		Temporary		Total	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Lawrence's Hospital, Bodmin.	421	547	81	135	—	1	502	683
Moorhaven Hospital, Devon.	3	4	2	3	—	—	5	7
Totals	424	551	83	138	—	1	507	690

Total of Cornish Patients in Hospitals on 31.12.1951 ... 1197

## 2. Mental Deficiency

(a) Number of New Cases reported during the year.

How Reported	M.		F.	Total
(1) Notified by the Education Committee:—				
Education Act, 1944.				
(a) Section 57(3) ...	20	15	35	
(b) Section 57(4) ...	—	1	1	
(c) Section 57(5) ...	13	8	21	
(2) Reported from other Sources and ascertained as mental defectives	7	4	11	
Totals	40	28	68	

(b) Cases residing in the Community.

Type of Case	M.	F.	Total
(1) Under Statutory Supervision ...	250	219	469
(2) Under Friendly Supervision ...	9	13	22
(3) Under Guardianship ...	5	6	11
(4) On Licence from Institutions, but supervised by County Council (these figures also included in Table (e)).	9	15	24
Totals	273	253	526

(c) Cases awaiting admission to Institutions.

Classification	M.	F.	Total
(1) Over the age of 16 years.			
(a) Idiots ...	2	2	4
(b) Imbeciles ...	3	1	4
(c) Feeble Minded Persons ...	5	1	6
(2) Under the age of 16 years.			
(a) Idiots ...	2	2	4
(b) Imbeciles ...	10	5	15
(c) Feeble Minded Persons ...	1	—	1
Totals	23	11	34



## (d) Cases admitted to Institutions during the year.

Name of Institution	Mental Deficiency Acts, Section 6, 8, or 9		Mental Deficiency Acts, Section 15		Total		
	M.	F.	M.	F.	M.	F.	
Royal Western Counties Hospital Group	...	10	6	2	2	12	8
Other Institutions	...	5	5	2	2	7	7
Totals	...	15	11	4	4	19	15
Total admissions during 1951				...	...	...	34

## (e) Cases in Institutions (Including Licence Cases)

Name of Institution				M.	F.	Total
Royal Western Counties Hospital Group				...	...	...
Other Institutions				...	...	...
Cases in other Institutions in "Place of Safety" Accommodation				...	...	...
Totals				...	...	...
				213	174	387

## CARE OF THE AGED AND INFIRM

In September a meeting was held of the leaders of the Women's Voluntary Service, Women's Institutes, British Legion (Women's Branch), St. John Ambulance Brigade and British Red Cross Society. It was felt that many Aged and Infirm living alone needed more help in carrying out everyday activities than could be given by the Home Nursing and Home Help Services. This need could best be supplied by voluntary help. The leaders of all five organisations agreed to ask their members to volunteer for this work in their own localities.

Further meetings were held in each of the seven Health Areas, of area representatives under the Chairmanship of the Assistant County Medical Officer for each area. Representatives were willing to co-operate and schemes were planned.

Arrangements vary in each area. Whichever organisation is best represented in a particular village appoints a member to co-ordinate the work, by compiling a list of members who offered help.

It is hoped that the help of what we might call 'poppers in,' would cover such things as help with shopping, changing library books, occasionally cooking a meal, assistance in helping the aged and infirm to go to a place of worship or entertainment, help with writing letters and generally relieve the feeling of isolation which might easily arise.



It is also hoped that this help would to some extent relieve hospital beds of long-stay patients who are not in need of continuous medical care as provided in a Geriatric Unit.

## BLIND PERSONS

### General

The increase in the number of blind persons in the last ten years from 815 to 859 is at first sight alarming, but an analysis of the figures provides solid grounds for satisfaction.

During this period of ten years, the number of young blind persons under the age of 21 has fallen from 30 to 21, and it is found that the increase in total is entirely due to the rise in the number of blind persons over the age of 70 from 422 to 477. Increasing length of life brings with it of course, one of the greatest risks of old age, namely, blindness, and as long as we are able to postpone the onset of blindness from youth to old age, we have some cause for satisfaction.

It is interesting also, that during the same period of ten years, the number of blind persons who first became blind before their first birthday fell from 72 to 59 and it is indeed a rare event nowadays for a child to be born blind, or to acquire blindness before its first birthday.

One of the commonest causes of early blindness used to be an inflammation of the eyes occurring shortly after birth; this has been eliminated by modern midwifery practice to such an extent that in another part of this report, I am able to say that for the first year on record, no child in the County was notified as suffering from ophthalmia neonatorum during the year.

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.

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.

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, Social and Industrial Rehabilitation etc., and advice on the prevention of blindness. There are 16 blind Home Workers in the County.

There were 859 registered blind persons on 31st March, 1952 (320 males and 539 females), an increase during the 12 months of 30.



Age Period	Age Groups of Blind Persons			Occurred Age at which Blindness		
	Males	Females	Total	Males	Females	Total
0 ...	—	1	1	26	33	59
1 ...	—	—	—	—	—	—
2 ...	—	—	—	2	—	2
3 ...	1	—	1	2	1	3
4 ...	—	—	—	—	—	—
5—10 ...	4	1	5	11	13	24
11—15 ...	4	4	8	4	8	12
16—20 ...	4	2	6	12	5	17
21—30 ...	7	16	23	17	27	44
31—39 ...	14	14	28	24	21	45
40—49 ...	27	27	54	40	57	97
50—59 ...	50	48	98	49	78	127
60—64 ...	32	35	67	31	58	89
65—69 ...	39	52	91	21	56	77
70 and over	138	339	477	81	182	263
Totals ...	320	539	859	320	539	859

New cases registered during the year:—

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Males	Females	Total
0—1 ...	—	1	1	—	1	1
2—4 ...	—	—	—	—	—	—
5—10 ...	—	—	—	—	—	—
11—15 ...	—	1	1	—	1	1
16—20 ...	—	—	—	—	—	—
21—30 ...	1	1	2	1	1	2
31—39 ...	2	2	4	2	2	4
40—49 ...	5	3	8	7	5	12
50—59 ...	7	5	12	6	7	13
60—64 ...	5	5	10	5	8	13
65—69 ...	3	9	12	3	11	14
70 and over	21	58	79	20	49	69
Totals ...	44	85	129	44	85	129

It will be seen from these tables that the incidence of blindness becomes more frequent with advancing age. The majority of blindness in people over 70 is due to cataracts.

There is only one case of blindness in a baby under 1 year. This is due to a congenital defect of the eyes.



## Blind Children under 16 years:

	Males	Females	Total
1. Age under 2 ... ..	—	1	1
2. Age 2— 4+			
Educable ... ..	1	—	1
Ineducable ... ..	—	—	—
	<hr/> 1	<hr/> 1	<hr/> 2
3. Age 5—15+			
Educable			
Attending Special School for the Blind			
(i) Blind with NO other defects ...	5	3	8
(ii) Blind WITH other defects ...	—	—	—
Not at School			
(i) Blind with NO other defects ...	—	—	—
(ii) Blind WITH other defects ...	1	1	2
	<hr/> 6	<hr/> 4	<hr/> 10
Ineducable			
In M. D. Institutions			
(i) Blind ... ..	—	—	—
(ii) Blind with multiple defects ...	2	—	2
At home or elsewhere			
(i) Blind ... ..	—	—	—
(ii) Blind with multiple defects ...	—	1	1
	<hr/> 2	<hr/> 1	<hr/> 3
Total Children ... ..	<hr/> 9	<hr/> 6	<hr/> 15

## Education, Training and Employment (Age periods 16 years and upwards)

	Males	Females	Total
1. At School			
Age Group 16—20 <sup>1</sup> ... ..	—	1	1
2. Undergoing Training ... ..	<hr/> 5	<hr/> —	<hr/> 5
3. Employed			
(a) In Workshops for the Blind ...	—	1	1
(b) As approved Home Workers ...	9	7	16
All others not included in (a) or (b) ...	23	7	30
Total employed ... ..	<hr/> 32	<hr/> 15	<hr/> 47



				Males	Females	Total
4. Unemployed						
Not training but trainable	...	...		5	—	5
Not available for Employment:						
Age group 16—59	...	...	...	22	49	71
Age group 60—64	...	...	...	12	18	30
Not capable of work:						
Age group 16—59	...	...	...	46	46	92
Age group 60—64	...	...	...	18	14	32
Not employed over 65	...	...		171	390	561
Total unemployed	...	...		274	517	791
Grand total		...		311	533	844

## Occupations of Employed Blind Persons:

			Within Work-shops for the Blind	In approved Home Workers Schemes	Others not Pastime workers	Total
Agricultural Workers	...	—	—	—	4	4
Basket Workers	...	...	—	5	—	5
Boot Repairers	...	...	—	—	2	2
Carpenters and Woodworkers	—	—	—	—	2	2
Chair Seaters	...	...	1	—	—	1
Clerks and Typists	...	—	—	—	2	2
Dealers, Tea Agents, News-agents, Shopkeepers	...	—	—	—	2	2
Domestic Workers	...	...	—	—	2	2
Home Teachers	...	...	—	—	1	1
Machine Knitters	...	...	—	7	—	7
Masseurs and Physiotherapists	—	—	—	—	1	1
Mat Makers	...	...	—	—	1	1
Ministers of Religion	...	—	—	—	3	3
Musicians and Music Teachers	—	—	—	1	1	2
Newsvendors and Hawkers	—	—	—	—	1	1
Piano Tuners	...	...	—	3	—	3
Poultry Keepers	...	...	—	—	2	2
Telephone Operators	...	—	—	—	2	2
Miscellaneous	...	...	—	—	4	4
			1	16	30	47



Physically and Mentally Defective and Mentally Disordered Blind  
Persons (All ages)

				Males	Females	Total
(a) Mentally Disordered	...	...	...	6	11	17
(b) Mentally Defective	...	...	...	6	4	10
(c) Physically Defective	...	...	...	42	68	110
(d) Deaf without Speech	...	...	...	—	—	—
(e) Deaf with Speech	...	...	...	4	2	6
(f) Hard of Hearing	...	...	...	15	21	36
Combination of (b) and (c)	...	...	...	2	1	3
Combination of (c) and (d)	...	...	...	—	1	1
Combination of (c) and (e)	...	...	...	1	2	3
Combination of (c) and (f)	...	...	...	3	3	6
				79	113	192

Blind Persons age 16 and upwards resident in:—

				Males	Females	Total
Residential accommodation provided under Part III of the 1948 Act (viz. Sect. 21)—						
(a) Homes for the Blind	...	...	...	11	18	29
(b) Other Homes	...	...	...	2	7	9
Other Residential Homes	...	...	...	—	5	5
Mental Hospitals	...	...	...	6	11	17
Mental Deficiency Institutions	...	...	...	3	2	5
Other Hospitals	...	...	...	8	16	24
				30	59	89

### Partially Sighted Persons

A partially sighted person is one who is not blind within the meaning of the National Assistance Act, 1948, but who is, nevertheless, substantially and permanently handicapped by congenitally defective vision, or, in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character. "Partial Sight" has a corresponding meaning.

A register of partially sighted persons is being compiled. These people are entitled to the services and facilities provided for blind persons.

### LABORATORY FACILITIES

The Royal Cornwall Infirmary, Truro, Pathological Department, under the charge of Dr. F. D. M. Hocking, continues to carry out the chemical analysis of water, sewage effluent samples, etc., which is beyond the scope of the free service provided by the Public Health Laboratory Service.



Specimens of water and food, etc., are sent to the Laboratory of the Public Analyst.

## INSPECTION AND SUPERVISION OF FOOD

### REPORT OF CHIEF INSPECTOR OF FOOD AND DRUGS

During the year 1,694 samples of food and/or drugs were taken embracing a variety of foodstuffs in everyday use. With regard to samples other than milk many of these are of local manufacture and it speaks well of the County that of a total of 538 samples, only 2 out of 6 samples reported as incorrect or irregular, have their origin in Cornwall. These two samples, namely ice cream, were found to be deficient in fat and verbal warnings were issued. This is in accordance with the policy endorsed by the County Council where, in view of the new Standards Order, it was thought desirable to take informal samples in the first instance; any irregularities being dealt with by means of a caution and formal samples taken after a reasonable time. These samples if falling below the standards will result in legal action.

One instance was reported of a quantity of cornflour containing rodent excreta. Owing to a lacuna in the period of transmission of the item to the sampling officer, it was considered unwise to institute proceedings and a caution was sent to the wholesaler.

The irregularities in connection with these kinds of foodstuffs represents 1.1%.

1,156 samples of milk were also taken. 39 were adversely reported on by the Public Analyst. One vendor considered it necessary to augment his milk supply by the addition of water dipped from a roadside ditch. Unfortunately for him, a sampling officer, who witnessed the performance from a concealed position, was able to take samples and the offender had to appear in the police court. Fines totalling £45.0s.0d. and £8.5s.0d. costs were inflicted.

Another instance involving obstruction of the sampling officer was disclosed when the vendor of the milk, in order to prevent a sample being taken, upset twelve gallons of milk on the floor of his dairy. In spite of this the sampling officer managed to obtain a sample and also purchased two other samples from the same source from a distributor and proceedings were instituted under the Food and Drugs Act, 1938, section 83(3) and the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, section 9. Convictions resulted on all charges. A further charge was preferred by the Ministry of Food under the Wastage of Food Order, 1940. Total fines were £12.7s.0d.

It is indeed unusual to find a defendant who eventually admits putting water in milk and among sampling officers generally, the question, "Who did in fact water the milk?" is one which remains unanswered. However, in one prosecution during the year, a farmer was charged with selling adulter-



ated milk and he in turn used section 83(1) of the Food and Drugs Act, 1938 to charge his son-in-law as the actual offender. This offender admitted adding the water and was convicted and fined £20.0s.0d. and £5.2s.0d. costs.

*Action taken in respect of Adulterated Milk.*

	<i>No. of samples involved</i>	<i>Nature of adulteration</i>	<i>Action</i>	<i>Result</i>
Distributor	1	3.4% deficient in fat	Reported to M.O.F.	
Producer-retailer	4	Deficient in S.N.F.	Cautioned	
Producer-retailer	3	8% and 6% added water	Proceedings	Fined £15.0.0 Costs £ 6.8.0
Producer-retailer	1	24% added water	Proceedings	Fined £15.0.0 Costs £ 5.0.0
Distributors	2	3% and 8% deficient in fat	Reported to M.R.O.	
Farmer	1	11% deficient in fat	Reported to M.R.O. and M.M.B.	
Farmer	2	19% and 8% deficient in fat	Reported to M.R.O. and M.M.B.	
Farmer	1	10% added water	Proceedings	Fined £ 5.0.0 Costs £ 4.1.0
Producer-retailer	3	15% added water	Proceedings	Fined £45.0.0 Costs £ 8.5.0
Producer-retailer	3	10%, 5% and 23% deficient in fat	Cautioned—Further samples to follow	
Producer-retailer	1	3% added water	Cautioned	
Producer-retailer	2	8% and 9% added water	Proceedings	Case dismissed
Producer-retailer	1	25% deficient in fat	Proceedings	Fined £ 4.0.0 Costs £ 3.2.0
Farmer	3	33%, 17% and 16% added water (Obstructing sampling officer) Wastage of Food	Proceedings by M.O.F.	Fined £ 5.5 0 incl. costs
Producer-retailer	4	32%, 19%, 10% and 31% deficient in fat	Proceedings	Fined £10.0.0 Costs £8.13.0
Producer-retailer	1	30% deficient in fat	Proceedings	Fined £20.0.0 Costs £ 5.2.0
Farmer	2	30% and 16% added water	Proceedings	Fined £40.0.0 Costs £7.17.0
Producer-retailer	2	16% added water	Proceedings	Employee charged—pleaded guilty. Fined £20.0.0 Costs £ 5.2.0
Farmer	1	19% added water	Proceedings	Fined £ 5.0.0 Costs £ 4.1.0
Producer-retailer	1	Slightly deficient in fat	No action—Further samples to follow	



In considering the 39 irregular samples it is pointed out that these were not all in respect of added water. No less than 16 involved deficiencies in fat, some of which were traced to the cows. These were reported to the Milk Regulations Officer. In one instance proceedings were instituted and convictions obtained in the court.

An overall picture shows that 2.6% of the samples taken were irregular or adulterated.

It is estimated that there are some 8,600 farmers producing milk and 1,000 registered distributors. These latter naturally receive more attention from the sampling officers than do the farmers, who in the main, send their milk to the Milk Factories. Farmers, of course, are not exempt from the attention of the sampling officers and four offenders were prosecuted. In one case the maximum penalty was imposed.

The question of more severe penalties has cropped up from time to time and it certainly seems that a provision for the cancellation of registrations of a licence to sell would be a real deterrent.

### Heat Treated Milk

During the year 433 samples of heat treated milk were taken, the average analysis showing 4.12% fat and 8.90% solids not fat.

### School Milk

The Milk supplied to schools has also received attention and 184 samples were taken resulting in the following averages, 3.8% fat and 8.87% solids not fat.

## SANITARY CIRCUMSTANCES

### REPORT OF THE COUNTY SANITARY OFFICER

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

Pasteurising plants and other dairy premises inspected	...	225
Visits in relation to works of sewage disposal	... ..	23
Visits in relation to works of water supply	... ..	37
Visits to school premises	... ..	366
Ministry Inquiries attended	... ..	11
Samples of water submitted for analysis	... ..	195
Samples of Pasteurised Milk submitted for examination	...	228
Samples of School Milk submitted for examination	... ..	343
Samples of Milk submitted for biological examination	...	34

### MILK—SPECIAL DESIGNATIONS

#### Pasteurised Milk

The Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, came into operation on the 1st January, 1951, and re-enacts, with the necessary amendments the Milk (Special Designations) Act, 1949 and certain sections of the Food and Drugs Act, 1938, and the Food and Drugs (Milk and Dairies) Act, 1944.



The County Council, as the Food and Drugs authority, are now the licensing authority for the granting of Dealers' (Pasteurisers') licences authorising the use of the special designation "Pasteurised" in relation to milk pasteurised on the premises of the applicant, and the responsibility for the taking of samples and the inspection of premises has been placed upon the licensing authority in order to ascertain if the conditions of the licence are being and will be complied with.

Licences have been granted in respect of nine premises through-out the County for the pasteurisation of milk. These deal with upwards of 120,000 gallons of milk per day, of which approximately 70,000 gallons per day are pasteurised. The bulk of the remainder is brine cooled and sent to the London market.

Of these plants, the methods adopted for pasteurising the milk are, six by the High Temperature Short Time (H.T.S.T.) process in which the milk is retained at a temperature of not less than 161° Fah. for at least 15 seconds and immediately cooled to a temperature of not more than 50° Fah. and three by the Positive Holder process in which the milk is retained at a temperature of not less than 145° Fah. and not more than 150° Fah. for at least 30 minutes and immediately cooled to a temperature of not more than 50° Fah.

During the year 225 inspections of these dairies were made and 228 samples of Pasteurised Milk taken and submitted for Phosphatase and Methylene Blue examination with the following results:—

No. of Samples	Phosphatase Test		Methylene Blue Test	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
228	207	13	216	2

Of these samples 10 were submitted for the Phosphatase Test only and in respect of the 8 samples the test was rendered void at the laboratory, but of the 13 samples which failed to pass the Phosphatase Test, 9 were taken from one creamery following trouble with the pasteurising plant. Since this was rectified samples have been generally satisfactory.

Unsatisfactory samples are followed up, and further samples taken after advice has been given on the possible cause of failure of the sample to comply with the standard laid down. A report is made to the Area Milk Officer of the Ministry of Food of any sample failing to comply with the test and a monthly report on all samples is made to the Ministry.

The results of the examination of samples are furnished to the Managers of creameries and to the Medical Officers and Sanitary Inspectors of the district in which the creameries are situated.

Samples of pasteurised milk have been taken regularly by the Food and Drugs Department and of 433 samples taken during the year the average fat content was 3.87% and non-fatty solids 8.90%.



## MILK IN SCHOOLS SCHEME

The supervision of the Milk in Schools Scheme has been continued throughout the year, and 343 samples of milk delivered to the schools have been taken and submitted for examination with the following results:—

Grade of Milk	Satisfactory	Unsatisfactory	Total
Pasteurised ... ..	255	18	273
Tuberculin Tested ...	33	11	44
Accredited ... ..	3	1	4
Ordinary ... ..	18	4	22
<hr/>			
All grades ... ..	309	34	343
<hr/>			

In the case of unsatisfactory samples of milk delivered to the school direct from the farm and in cases of T.T. and Accredited Milk, the County Milk Production Officer of the Ministry of Agriculture and Fisheries is notified and asked to investigate conditions at the farm and methods of production. Other cases are investigated by your Sanitary Officer.

Most of the milk is supplied in one-third pint bottles and straws are provided. Where the milk is supplied in bulk and beakers used for drinking, the methods of cleaning the beakers and other utensils are investigated.

Great improvement in the conditions under which the milk is received, stored and distributed has been observed where instructions have been given that canteen staffs are to be held responsible for receiving and distributing the milk, and the cleansing and return of the bottles, as these bottles are now rinsed and turned upside down in the crates provided, ready for return. This has been much appreciated by the dairymen concerned.

The following table shows the grade of milk supplied to the schools at the end of 1951:—

Grade of Milk	Bottled	Bulk	Total
Pasteurised ... ..	322	8	330
Tuberculin Tested ...	26	5	31
Accredited ... ..	1	—	1
Ungraded ... ..	—	10	10
<hr/>			
No. of Schools ...	349	23	372
<hr/>			

The number of children taking milk during the Winter Term was 30,301.

Samples of milk from all sources supplying ungraded or accredited milk to schools have been taken and submitted for biological examination. All samples proved to be free of tubercle bacilli.

Four samples of milk were also taken from the Bodmin Mental Hospital Farm and these also proved to be negative for both tubercle bacilli and brucella abortus.

The school milks are also regularly sampled by the Food and Drugs Department and the average analysis of 184 samples taken during the year showed fat content 3.80% and solids, not fat 8.87%. No samples were adulterated.



## WATER SUPPLIES IN SCHOOLS

During the year 188 samples of water have been taken from schools and canteens of which 133 were satisfactory and 55 unsatisfactory or doubtful.

A number of the unsatisfactory samples were taken from alternative sources of supply with a view to their being used in lieu of the existing unsatisfactory sources of supply.

The Secretary for Education is notified of all unsatisfactory samples and if the source is also a public supply the Medical Officer of Health and the Sanitary Inspector of the district in which the school is situated are notified and asked to cause an investigation to be carried out.

Schemes of water supply submitted to the County Council in accordance with The Rural Water Supplies and Sewage Act 1944 for their observations are brought to the notice of the Education and Architect's Department, with a view to schools being connected up to the proposed mains where public mains supplies are brought to within reasonable distance of the school.

At many schools water for drinking is still carried from a distant source of supply and stored in containers at the school.

As a result of representations made, the following works or precautions have been or are being carried out:—

Schools connected to mains supplies	...	...	...	...	11
Schools proposed to be connected to mains supplies	...	...	...	...	15
Alternative sources of supply being sought	...	...	...	...	2
Wells repaired structurally	...	...	...	...	2
Pumps repaired	...	...	...	...	13
Collecting chambers cleaned	...	...	...	...	3
Defective drainage being repaired	...	...	...	...	9
Lead pipes being replaced by more suitable pipes (lead in water)	...	...	...	...	5
Sinking of new wells under consideration	...	...	...	...	1

## ICE CREAM (HEAT TREATMENT) REGULATIONS, 1947

The responsibility for the registration and supervision of premises where ice cream is manufactured and sold and the duty of taking samples was placed upon the district councils and borough councils by the above Regulations which came into operation on the 1st May, 1947.

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 Ministry 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 Ministry 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 investigation.

The Food Standards (Ice Cream) Order 1951, came into operation on the 1st March 1951 and under this Order a legal standard has now been



prescribed, that the ice cream shall contain not less than 5% of fat; 10% sugar and 7½% of milk solids other than fat. This Order is being administered by the Food and Drugs Department of the County Council and 58 samples have been taken during the year.

The fat content varied between 2.10% and 14.10%.

The new standard appeared to affect the small manufacturers much more than the larger ones. In cases where samples proved, on examination, to be below the standard set out, a visit was paid to the small manufacturers and an explanation given respecting their obligations. This resulted in an improvement in the quality of the ice cream.

The results of the samples examined for Methylene Blue are shown in the following table:—

Local Authority	Hot Mix Grade				Cold Mix Grade				Unknown Grade				Total Samples
	1	2	3	4	1	2	3	4	1	2	3	4	
Falmouth B. ...	70	17	12	3	2	1	—	—	—	—	—	—	105
Helston B. ...	8	4	14	2	—	—	—	—	1	2	—	—	31
Launceston B. ...	6	2	1	1	—	—	1	—	15	1	1	1	29
Liskeard B. ...	4	—	1	—	—	—	—	—	58	15	9	3	90
Penzance B. ...	46	16	13	2	1	2	1	—	—	—	—	—	81
Truro City ...	35	2	8	2	2	—	—	—	—	—	—	—	49
Bude Stratton U.D. ...	7	2	—	—	—	—	—	—	31	4	5	5	54
Camborne-Redruth U.D. ...	18	6	4	2	1	—	—	—	11	13	4	—	59
Looe U.D. ...	27	13	4	—	—	—	—	—	5	5	2	—	56
Newquay U.D. ...	11	7	7	1	4	3	1	—	15	11	1	1	62
St. Austell U.D. ...	46	10	9	—	2	2	—	—	—	—	—	—	69
Camelford R.D. ...	—	—	—	—	—	—	—	—	8	—	—	—	8
Kerrier R.D. ...	12	3	2	—	10	1	2	—	27	19	7	1	84
Launceston R.D. ...	32	—	1	—	—	—	—	—	7	2	1	1	44
Liskeard R.D. ...	34	1	—	—	—	—	—	—	—	—	1	—	37
Truro R.D. ...	75	26	17	1	3	3	3	—	—	—	—	—	128
Totals ...	431	109	93	14	25	13	8	—	178	72	31	12	986

#### INQUIRIES BY THE MINISTRY OF HOUSING AND LOCAL GOVERNMENT

The following Inquiries held by the Ministry of Housing and Local Government within the County were attended during the year.

**Launceston R.D.**—31st January, 1951, at the Rural District Council Offices, Launceston, to consider the proposed sewerage and sewage disposal schemes for:—

- (a) South Petherwin and Daw's House, estimated to cost £13,550.
- (b) Altarnun and Five Lanes, estimated to cost £9,800.

**West Penwith R.D.**—20th February, 1951, at the Rural District Council Offices, Penzance, in respect of the Council's proposals to carry out works of water supply in the village of Nancledra, estimated to cost £3,756.

**St. Ives Borough.**—21st February, 1951, at the Guildhall, St. Ives, in respect of an application by the Borough Council for consent to borrow



the sum of £14,003 for the construction of water works including augmentation of the supply to the Borough of St. Ives by means of the development of a new source at Amalveor Downs in the parish of Landewednack in the West Penwith Rural District.

**Truro R.D.**—22nd February, 1951, at the Rural District Council Offices, River Street, Truro, in respect of works of water supply being carried out in the parishes of Perranzabuloe and Cubert..

The original scheme estimated to cost £23,600 had been completed, but it had been decided to install a Filtration Plant at an estimated cost of £5,080, as it was found that when pumping commenced at the source of supply, the water was seriously affected by iron oxide and the filtration plant was being provided to clear the water of this suspended matter.

**South East Cornwall Water Board.**—8th May, 1951, in connection with an application by the South East Cornwall Water Board, for an Order under Section 33 of the Water Act 1945, relaxing the obligations imposed by Section 38 of the South East Cornwall Water Board Act, 1936.

**Kerrier R.D.**—4th July, 1951, at the Kerrier Rural District Council Offices, Helston, in respect of the Manaccan and District Water Scheme, estimated to cost £121,880.

**Kerrier R.D.**—5th July, 1951, at the Kerrier Rural District Council Offices, Helston, in respect of the Lizard (Landewednack and Grade-Ruan) water scheme, at an estimated cost of £51,496.

**Truro R.D.**—16th August, 1951, at the Rural District Council Offices, River Street, Truro, in respect of the Chacewater and South Western District water supply scheme, on the application by the Rural District Council to borrow the sum of £141,300 for carrying out these works.

**St. Austell R.D.**—10th October, 1951, at Polgooth in respect of an application by the Rural District Council for consent to borrow the sum of £26,470, for works of sewerage and sewage disposal at Polgooth and Trewoon.

**West Penwith R.D.**—12th December, 1951, at the offices of the Rural District Council, Chapel Street, Penzance, respecting the proposals of the Rural District Council, to establish a scheme of water supply for the village of Canonstown, estimated to cost £4,068.

**St. Austell Rural District.**—13th December, 1951, to inquire into the progress that had been made with the St. Mawgan and Trenance Water Supply Scheme.

The scheme was originally estimated to cost £35,000 and although the scheme had been let out under contract at a tender of £34,429, it was anticipated that the final cost of the scheme would be in the region of £39,000.



## RIVERS POLLUTION PREVENTION

The responsibility of the County Council for the administration of the above Acts was passed to the Cornwall River Board under the River Boards Act, 1948, but following an application by the Cornwall River Board, the County Council approved the formal seconding of the County Sanitary Officer and the Assistant County Sanitary Officer to the River Board for such proportion of their time as may, in practice, be found to be necessary to carry out the obligations of the Board in respect of the prevention of pollution under the Rivers (Prevention of Pollution) Act, 1951.

This work was commenced by your Sanitary Officers on the 1st August, 1951, and the following is a summary of the works carried out for the period ending 31st December, 1951:—

Visits to works of sewage disposal	...	...	...	...	126
Visits to industrial plants	...	...	...	...	12
Inspections of outfalls to rivers	...	...	...	...	17
Samples of river water and trade wastes submitted for examination	...	...	...	...	14
Samples of sewage effluent submitted for examination	...	...	...	...	87
Plans of proposed works reported upon	...	...	...	...	12
Ministry of Housing and Local Government Inquiries attended	...	...	...	...	3

## WATER SUPPLIES

The County at the present time is being served by 32 statutory and 2 non-statutory water undertakers as follows:—

### Statutory Undertakers

- (a) Three Boroughs and Urban Districts with limits of supply greater than the Local Government area:—  
Falmouth (Borough); Liskeard (Borough; and Bude-Stratton (U.D).
- (b) Two Joint Water Boards with statutory powers:—  
South East Cornwall Water Board, and North Cornwall Joint Water Board.
- (c) Five Companies with statutory powers:—  
Bodmin Water Works Company; Camborne Water Company; Helston and Porthleven Water Company; Newquay and District Water Company; Truro Water Company.
- (d) Six Boroughs operating under Public Health Acts:—  
Fowey; Launceston; Lostwithiel; Penzance; St. Ives and Saltash.
- (e) Six Urban Districts operating under Public Health Acts:—  
Camborne-Redruth (Redruth and St. Day and Lanner Wards only); Looe; Padstow; St. Austell; St. Just and Torpoint.
- (f) Ten Rural Districts:—  
Camelford; Kerrier; Launceston; Liskeard; St. Austell; St. Germans, Stratton; Truro; Wadebridge and West Penwith.



### Non-Statutory Undertakers

Two Companies:—

Kelly Bray and District Water Company; Widemouth Water Supply Company.

At the present time, in the twelve Boroughs, about 96% of the population are on piped supplies. In the eight Urban Districts about 84% and in the ten Rural Districts about 40% are on piped supplies.

For the purpose of future supplies the County has been divided into five supply areas, namely, South East, South West, North East, North West and Mid-Cornwall, and schemes are in progress or are being prepared for practically the whole of these areas.

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 79 schemes of water supplies submitted by local authorities and other water undertakings for the County Council's observations, the total estimated cost of these being £2,564,972 and 41 schemes estimated to cost £1,313,310 had been completed or the works were in progress at the end of December, 1951.

In the case of 22 schemes estimated to cost £967,044, the Ministry of Housing and Local Government have approved lump sum grants totalling £202,820, and in one case a grant of £137.10s.0d. per annum for the period of the guarantee.

The County Council have approved grants in respect of 19 schemes amounting to £3,271 per annum for 30 years and in respect of two schemes, grants amounting to £863.16s.0d. per annum for twelve years, and in one case a grant of £814 per annum for thirty-five years.

Details of the schemes which have been submitted to the County Council since the coming into operation of the above-mentioned Act, are given in the following Table:—

District Council or Water Undertaking	Particulars of Scheme	Est. Cost £	Remarks
Penzance Borough	Penzance Borough St. Just U.D. West Penwith R.D.	742,500	—
	Gulval	2,000(a)	Works completed
	Boscathnoe-filters and pumping plant	8,900(a)	Tenders accepted for filters
St. Ives Borough	Halsetown and Rural areas from Amalveor	15,539	—
Saltash Borough	*Extension of mains at Carkeel	580	—
Camborne-Redruth U.D.	St. Day and Carharrack	15,524	Works completed
	Lanner and Scorrier	9,367	Works completed
	Troon; Pencoys; Carnkie; Bolenowe; Knave-go-by; Treskillard; Four Lanes; Piece and Bosleake	43,565(a)	Works in progress



District Council or Water Undertaking	Particulars of Scheme	Est. Cost £	Remarks
Newquay U.D.	Crantock	5,635 (a)	Works completed
	Tregurrian	2,908	Works completed
Torpoint U.D.	*Poole—Supplementary Supply	300	
Camelford R.D.	Helstone; Newhall Green; Trewalda and Polstraul	7,633	Works completed Ministry Grant £3,900 C.C. Grant £198.1s.4d. p.a. for 30 years
	St. Breward	461 (a)	Works completed
	Boscastle	270 (a)	Works completed
	Boscastle (new road)	1,183	Works in progress Ministry Grant £280 C.C. Grant £14.4s.6d. p.a. for 30 years
	Mount Camel	365 (a)	Works completed
	Trefrew Road; Dark Lane Camelford and St. Breward	675 (a)	Works completed
	Trevia	1,861	Ministry Grant £450 C.C. Grant £22.7s.0d. p.a. for 30 years
	Michaelstow and Treveigham	8,800	Approved by Ministry
	Trewennack	3,789	Works completed
	Grade Ruan and Landewednack	51,496	Orders placed for materials
	Godolphin Cross and Breage	8,032	Works completed Ministry Grant £1,500. C.C. Grant £76.3s.8d. p.a. for 30 years.
	Budock Water, Mawnan, Mawnan Smith, Trebarworthal, Porth Navas	38,291	Ministry Grant £8,500. Works in progress. C.C. Grant £431.13s.8d. p.a. for 30 years.
Kerrier R.D.	Manaccan, St. Anthony, St. Martins-in-Meneage, St. Keverne, Coverack, Cury, Gunwalloe	121,880	Orders placed for materials
	Boskenwyn and Manhay	10,802	Ministry to make Grant of £4,000 to this and Trewennack combined schemes
	Breage and District	76,341	—
	Leedstown, Townshend and Horsedowns	13,250	—
	Stithians (Impounding Scheme)	306,000	—
	*Mullion	8,332	Works in progress



District Council or Water Undertaking	Particulars of Scheme	Est. Cost £	Remarks
Launceston R.D.	South Petherwin	5,000	—
	Egloskerry and Langore	6,500	Approved by Ministry
	*Holmbush	1,200	—
Liskeard R.D.	Regional Scheme for parts of S.E. Cornwall	656,380	Ministry Grant £120,000. C.C. Grant £276.0s.6d. p.a. for 30 years and £814.0s.11d. p.a. for 35 years. Works in progress
St. Austell R.D.	Golant	1,050	Works completed
	Hewas Water	637	Works completed
	Roche	488	Works completed
	De Lank extensions from Wadebridge	112,000	—
	Lower Sticker and Polgooth	2,400	Works completed
	St. Mawgan and Trenance	35,000	Works in progress $\frac{2}{3}$ rds. completed Min- istry Grant £11,000. C.C. Grant £40.12s.8d. p.a. for 30 years.
	Treviscoe and Trerice	5,600(a)	Works completed
	Indian Queens, Fraddon and Summercourt	35,000	Ministry Grant £24,000. C.C. Grant £592.10s.8d. p.a. for 30 years. Works in progress.
	Curyan Vale	1,152(a)	Works completed
	*Grampound Village (Borehole)	1,485	Ministry Grant £300. C.C. Grant £15.4s.8d. p.a. for 30 years.
	*Lower Sticker	1,670	—
St. Germans R.D.	Gunnislake and Hatches Green	621(a)	Works completed
	Narkurs	1,057(a)	Works completed
	St. John and Millbrook	2,340(a)	Works completed
	Tredis	1,200	Tender accepted
	Horsepool	300	—
	Fursdon	500	Works completed
	Hessenford	3,175(a)	Tender accepted
	Quethiock and Treweese Cross	450	Works completed
	Lower Kelly, Calstock	614	Works completed
Stratton R.D.	St. Gennys and Crackington Haven	20,000	Borehole sunk and Pump installed
	*Kilkhampton	5,140	Scheme completed Ministry Grant £800 C.C. Grant £40.12s.8d. p.a. for 30 years.



District Council or Water Undertaking	Particulars of Scheme	Est. Cost £	Remarks
Truro R.D.	Ladock and South Eastern District	160,000	Works nearing completion
	Perranzabuloe	2,385	Works completed Ministry Grant £800. C.C. Grant £40.12s.8d. p.a. for 30 years.
	Mitchell	2,200	Works completed Ministry Grant £340. C.C. Grant £17.5s.4d. p.a. for 30 years.
	Shortlanesend	2,500(a)	Works completed
	Newlyn East	15,050	Works completed Ministry Grant £4,000. C.C. Grant £203.3s.0d. p.a. for 30 years.
	Perranporth (Augmentation Scheme)	28,050	Works completed Ministry Grant £5,250. C.C. Grant £266.12s.8d. p.a. for 30 years.
	Tresillian	5,500	Works completed Ministry Grant £137. 10s.0d. p.a. for period of guarantee. C.C. Grant £137.10s.0d. p.a. for 12 years.
	Probus	1,150	Works completed Ministry Grant £650. C.C. Grant £33.0s.2d. p.a. for 30 years
	Mylor	27,841	Ministry Grant £4,250. C.C. Grant £215.16s.10d. p.a. for 30 years
	Tretham Mill and St. Mawes	11,300	Works completed Ministry Grant £900. C.C. Grant £45.14s. 2d. p.a. for 30 years
	Do. Relaying of existing mains	4,186(a)	Works completed
	St. Agnes (Wheal Kitty)	1,774(a)	Works completed
	*Chacewater	141,300	Approved by Ministry
Wadebridge R.D.	De Lank Scheme	308,833	
West Penwith R.D.	Gwinear-Gwithian	32,000	Works completed Ministry Grant £7,500. C.C. Grant £726.6s.0d. p.a. for 12 years.
	Goldsithney	1,936	Works completed
	St. Buryan	3,375	Tender with Ministry
	*Nancledra	3,756	—
	*Canonstown	4,067	—



District Council or Water Undertaking	Particulars of Scheme	Est. Cost £	Remarks
South East Cornwall Water Board	River Tiddy Scheme	37,750	—
	Provision of Boosters and Booster Houses	3,090(a)	Works completed
North Cornwall Joint Water Board	Duplication of mains	32,650	Works completed Ministry Grant £3,400. C.C. Grant £172.13s.6d. p.a. for 30 years
	St. Endellion Reservoir	8,111	Works completed Ministry Grant £1,000. C.C. Grant £50.15s.9d. p.a. for 30 years
	Extension of Filtration Plant	38,400	Works in progress
	*Penmayne	1,530	—

(a) Ministry decided not to make a Grant

\* Schemes submitted during 1951.

## SEWERAGE AND SEWAGE DISPOSAL

The County of Cornwall, with its extensive coast line and natural waterways, offers a ready means of disposal of sewage without the establishment of elaborate treatment works and the subsequent expensive maintenance.

Although the discharge of untreated sewage into the sea or into tidal waters is a very economical means of disposal, in certain cases some treatment of the sewage is desirable before discharge, particularly into tidal rivers where shell-fish layings have been established or where the point of discharge is in close proximity to bathing beaches.

Where there is an aggregation of population, local authorities are being encouraged to establish systems of sewerage together with suitable and satisfactory means of treatment and disposal of the sewage, particularly having regard to the fact that water supplies are rapidly being made available to these areas and the standard of rural housing raised by the provision of water closets, bath and wash-house accommodation.

The methods of disposal of sewage vary widely in different districts, particularly having regard to their geographical situation. Those districts near the sea or abutting on to tidal rivers favouring sea outfalls or outfalls into tidal waters, in many instances without any preliminary treatment. The methods adopted throughout the County may be summarised as follows:



Districts, &c.	No. of Sea Outfalls	No. of Tidal River Outfalls	Outfalls to Non-tidal Rivers or Streams	Sedimentation and/or Filtration Works
Boroughs ...	9	31	8	8
Urban Districts ...	8	15	—	13
Rural Districts ...	36	18	18	26
Service Camps, &c. ...	—	—	—	15
Totals ...	53	64	26	62

In addition to the above many villages and hamlets have no system of sewerage and the soil water is thrown on to gardens or allowed to pass into streams, no doubt causing a certain amount of pollution to these natural waterways.

Of the sedimentation and filtration plants some are of obsolete design and require to be replaced by modern plants and local authorities are being urged to do this and to give more attention to the care and maintenance of such works with a view to the production of a satisfactory effluent.

A number of service camps in the County are provided with modern sewage disposal plants and with adequate water supplies. Generally speaking, these works are well maintained.

The methods of disposal in the order of those most favoured may be said to be:—

1. Sea and river outfalls.
2. Sedimentation and filtration, the effluent passing to rivers or streams.
3. Outfalls to non-tidal rivers or streams.
4. Septic tanks or soak-aways for small populations, the effluent usually passing to rivers or streams.

During the period of the late war, many of the works suffered through lack of proper maintenance and difficulty in obtaining spare parts of the plant and it is only recently that local authorities have been able to bring these works to a state of efficiency owing to the rigid economy that has had to be exercised by them during the past few years.

Regular samples of the effluent from works have been taken and local authorities are notified of the results of the examination of these effluents and suggestions made for improvements in the care and maintenance of the plants.

The Cornwall River Board has now been established and is responsible for the prevention of pollution of the natural water-ways throughout its area and the schemes of local authorities are subject to periodical visits by the Board's officers and regular samples of the effluents are taken.

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 75 schemes of sewerage and sewage disposal submitted by the local authorities for the County Council's obser-



vations, the total estimated cost of these being £781,562, of which 7 schemes were submitted during the year 1951 and were estimated to cost £78,646.

Nineteen schemes, estimated to cost £180,372, had been completed or the works were in progress at the end of the year.

In the case of 10 schemes, estimated to cost £66,087, the Ministry decided not to make a grant but in respect of 10 other schemes, estimated to cost £142,044, lump sum grants totalling £52,600 were approved.

The County Council approved grants amounting to £1,894 per annum for 30 years, in respect of 7 schemes estimated to cost £105,956.

Details of the schemes which have been submitted to the County Council since the coming into operation of the above-mentioned Act are set out in the following Table:—

District Council	Particulars of Scheme	Estimated Cost	Remarks
Falmouth Borough	Swanvale Valley	66,250	{ Approved in principle by Ministry
	Dracaena Avenue	10,354	
Helston	Extension of Disposal Works	15,042	Works nearing completion
Liskeard	Borough Scheme	75,000	—
Lostwithiel	Borough Scheme	33,000	—
Penzance	Gulval	17,000(a)	Works completed
	Alverton	9,800(a)	" "
	Sheffield	2,636(a)	" "
Truro City	Bodmin Road and Tregurra Lane	3,454	" "
	Tresawls Road and Highertown	4,380(a)	" "
Bude-Stratton Urban District	Poughill	5,970(a)	Works two-thirds completed
	Stratton	7,700	Ministry of Health approval received
Newquay Urban District	Crantock	12,136(a)	Works completed
Camelford Rural District	Bossinney	6,492	Works completed Ministry Grant £2,000. C.C. Grant £101.11s.6d. p.a. for 30 years
	Boscastle	17,077	Works completed Ministry Grant £5,500. C.C. Grant £279.6s.6d. p.a. for 30 years.
	Trevenna	19,994	Works completed Ministry Grant £6,500. C.C. Grant £330.2s.2d. p.a. for 30 years
	St. Breward	11,100	Approved by Ministry



District Council	Particulars of Scheme	Estimated Cost	Remarks
	St. Teath	9,186	Works completed Ministry Grant £4,000. C.C. Grant £203.3s.0d. p.a. for 30 years
	Trewassa and Tremail	2,000	—
	Delabole	25,097	Works completed Ministry Grant £9,000. C.C. Grant £457.1s.8d. p.a. for 30 years
	Trevia	3,700	—
	Tregoodwell	1,000	—
	Trewarmett	2,500	—
	Treknow	3,600	Ministry Inquiry 18.10.50.
	Trevalga	2,100	—
	Camelford	2,900	—
	Helstone	2,800	—
	Penpont and Lower Lank	4,400	—
	Tintagel and Bosinney (Extension)	304	Approved by Ministry
Kerrier Rural District	Praze and Beeble	10,000	Awaiting tenders
	Ruan Minor and St. Ruan	13,800	
	St. Keverne and Porthoustock	14,000	These Schemes are awaiting the provision of water supplies
	Constantine and Brillwater	16,800	
	Mabe	9,600	
	Leedstown	8,000	
	Manaccan	4,560	
	Mawnan Smith	11,600	
Launceston Rural District	Altarnun and Five Lanes	9,800	Approved by Ministry
	North Hill	6,100	Tender accepted
	South Petherwin and Daws House	13,550	Approved by Ministry
	Venterdon and Stoke Climsland	13,600	—
	Lawannick	9,420	—
	Lawhitton	500	Works completed
	Egloskerry and Hole	7,100	—
	Tregadillet	5,000	—
	Coads Green	4,500	—
	Warbstow	3,000	—
	Canworthy Water	5,900	—
Liskeard Rural District	Dobwalls	11,516	—



District Council	Particulars of Scheme	Estimated Cost	Remarks
	Crows Nest	1,561	—
	St. Cleer	17,400	Works in progress
	Seaton Bridge	8,890	Works completed
	Upton Cross	4,895	—
	Menheniot	8,636	—
	Cheesewring	6,784	—
	St. Neot	7,726	—
	*Polperro	560	—
St. Austell Rural District	Grampound	4,320	Sewerage completed. Treatment works not yet commenced
	Gorran	2,840	—
	*Golant Outfall	1,360	—
	Trewoon and Polgooth	25,470	Ministry Inquiry 10.10.51.
St. Germans Rural District	Seaton	4,783(a)	Works nearing completion
	Quethiock	1,800(a)	Ministry of Health Inquiry 18.3.49
	St. Germans	6,550(a)	Approved by Ministry
	Callington and Kelly Bray	16,500	—
Stratton Rural District	Widemouth Bay	13,600	Deferred
	Bangors Poundstock	2,115(a)	Works completed
	Kilkhampton	15,000	Ministry Inquiry 27.4.50. Ministry Grant £6,500. C.C. Grant £330.2s.4d. p.a. for 30 years
	Grimscott Launcells	2,545	—
Truro Rural District	*Blackwater	17,500	—
	*St. Mawes	16,000	—
	*Flushing	—	—
Wadebridge Rural District	*St. Merryn	6,101	—
West Penwith Rural District	St. Buryan	13,110	Ministry Inquiry 24.10.50. Ministry Grant £3,800. C.C. Grant £192.19s.10d. p.a. for 30 years. Tender with Ministry
	Sennen Cove	9,798	Ministry Inquiry 25.10.50. Ministry Grant £2,800. Tender with Ministry
	Goldsithney	10,400	—

(a) Ministry decided not to make grant.

\* Scheme submitted during 1951.



## 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 Rural 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.

## SURVEY

Of the ten rural districts in the County, one has not yet commenced to carry out the survey as recommended by the Cornwall Joint Advisory Committee. Three local authorities have completed the survey, viz., Launceston, Camelford and Truro Rural Districts. The position throughout the County at the end of December 1951 is shown in the following table:—



Rural District					Classification					No. of new houses erected		
	No. of parishes in Rural Districts	No. of parishes completed	Parishes under survey but not completed	No. of houses inspected	Category					No. of houses overcrowded	By local Authority	By private enterprise
					1	2	3	4	5			
Camelford	... 13	13	—	1769	221	651	517	225	155	74	106	21
						By conversion of other buildings						22
Kerrier	... 21	—	10	169	4	17	49	12	87	—	166	56
Launceston	... 17	17	—	1376	164	398	661	59	94	4	24	12
Liskeard	... 21	—	17	595	23	125	274	165	8	—	116	33
St. Austell	... 17	1	11	1303	305	140	594	2	262	4	264	37
						(Temporary conversions)						37
St. Germans	... 16	—	—	—	—	—	—	—	—	—	316	43
Stratton	... 10	—	10	112	12	18	32	25	25	—	109	21
Truro	... 24	24	—	5799	202	424	893	3142	1138	—	255	67
Wadebridge	... 19	16	2	2575	308	540	541	783	403	—	236	20
West Penwith	17	2	10	1779	537	596	426	88	132	39	118	55
Totals	175	73	60	15477	1776	2909	3987	4501	2304	121	1747	387
					%	%	%	%	%			
					13.4	21.9	23.0	26.0	15.7			

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 approved in accordance with the Housing (Financial Provisions) Acts:—

District	Annual Grant	No. of years	Grants previously authorised No. of houses	Grants authorised during 1951 No. of houses	Total No. of houses
Helston Borough	1 10 0	60	16	—	16
Penzance „	1 10 0	60	23	17	40
Saltash „	1 10 0	60	—	3	3
Bude-Stratton					
Urban	1 10 0	60	3	—	3
St. Austell „	1 10 0	60	15	1	16
Camelford Rural	1 10 0	60	4	30	42
„ „	1 5 0	60	8	—	
Kerrier „	1 10 0	60	45	4	96
„ „	1 0 0	40	47	—	
Launceston „	1 10 0	60	9	9	20
„ „	1 0 0	40	2	—	
Liskeard „	1 10 0	60	68	—	68
St. Austell „	1 10 0	60	34	—	34
St. Germans „	1 10 0	60	58	22	89
„ „	1 0 0	40	9	—	
Stratton „	1 10 0	60	66	4	70
Truro „	1 10 0	60	52	—	66
„ „	1 0 0	40	14	—	
Wadebridge „	1 10 0	60	8	34	60
„ „	1 0 0	40	18	—	
West Penwith					
Rural	1 10 0	60	8	51	86
„ „	1 0 0	40	27	—	
TOTALS			534	175	709

584 houses @ £1.10.0. per annum for 60 years = £87.0.0. per annum

8 houses @ £1. 5.0. per annum for 60 years = 10.0.0. „ „

117 houses @ £1. 0.0. per annum for 40 years = 117.0.0. „ „

Total ... £1,003.0.0. „ „



TABLE I.

Estimated Population and Total Number of Births and Deaths in each Sanitary District during the Year 1951.

AREA IN ACRES.	SANITARY DISTRICT	ESTI- MATED POPU- LATION 1951	LIVE BIRTHS.								Stillbirths.	DEATHS.							
			Legiti- mate		Illegiti- mate		Total.	Rate.	District Comparability Factor	Under 1 Year.				At all Ages					
			Males	Females	Males	Females				Males		Females	Total.	Rate per 1,000 live births	Males	Females	Total	Rate.	District Compara- bility Factor
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
URBAN.																			
3,312	Bodmin	5,886	43	38	1	1	83	14.10	1.56	1	3	1	4	48.19	33	40	73	12.40	0.89
4,294	Bude-Stratton	5,254	36	33	1	3	73	13.89	1.09	3	2	1	3	41.10	39	57	96	18.27	0.73
22,062	Redruth	35,230	247	242	19	15	523	14.84	0.99	19	9	10	19	36.33	230	295	525	14.90	0.87
1,880	Falmouth	16,620	115	108	11	7	241	14.50	1.04	9	5	3	8	33.20	101	108	209	12.58	0.86
2,979	Fowey	2,234	12	15	..	1	28	12.53	1.10	..	1	..	1	35.71	17	13	30	13.43	0.76
4,014	Helston	5,601	46	36	1	2	85	15.18	1.07	..	1	1	2	23.53	52	45	97	17.32	0.74
2,182	Launceston	4,516	14	17	3	2	36	7.97	1.11	..	1	..	1	27.78	33	37	70	15.50	0.77
2,704	Liskeard	4,388	35	32	2	..	69	15.72	1.05	2	2	3	5	72.46	34	38	72	16.41	0.68
1,691	Looe	3,617	19	19	2	1	41	11.33	1.08	1	1	1	2	48.78	28	29	57	15.76	0.74
3,156	Lostwithiel	2,124	15	26	..	..	41	19.30	1.14	..	1	..	1	24.39	20	20	40	18.83	0.69
4,599	Newquay	9,773	51	59	6	2	118	12.07	0.94	5	2	..	2	16.95	58	71	129	13.20	0.77
3,343	Padstow	2,713	30	24	..	1	55	20.27	0.98	..	2	..	2	36.36	21	27	48	17.69	0.72
829	Penryn	4,104	30	42	..	..	72	17.54	1.00	2	2	1	3	41.67	30	18	48	11.70	0.96
3,155	Penzance	20,030	119	130	9	14	272	13.58	1.02	10	6	5	11	40.44	148	164	312	15.58	0.82
18,379	St. Austell	23,460	163	143	9	10	325	13.85	1.10	11	8	3	11	33.85	181	171	352	15.00	0.78
4,287	St. Ives	8,598	65	46	7	3	121	14.07	1.02	..	4	..	4	33.06	68	70	138	16.05	0.71
7,634	St. Just	4,060	27	21	1	1	50	12.32	1.14	1	3	1	4	80.00	27	37	64	15.76	0.85
5,335	Saltash	7,936	62	45	3	1	111	13.99	1.02	..	1	2	3	27.03	63	53	116	14.62	0.76
975	Torpoint	7,236	33	31	..	..	64	8.84	1.50	..	1	..	1	15.63	23	19	42	5.80	1.49
2,634	Truro City	13,120	82	106	5	5	198	15.09	1.01	5	5	1	6	30.30	80	82	162	12.35	1.01
99,444	TOTALS	186,500	1244	1213	80	69	2,606	13.97	1.06	69	60	33	93	35.69	1,286	1,394	2,680	14.37	0.83
RURAL.																			
62,544	Camelford	7,347	47	43	3	4	97	13.20	1.11	2	1	1	2	20.62	58	57	115	15.65	0.80
90,839	Kerrier	21,760	172	143	7	5	327	15.03	1.03	5	1	6	7	21.41	153	147	300	13.79	0.88
73,051	Launceston	6,438	43	44	2	..	89	13.82	1.12	1	3	2	5	56.18	53	46	99	15.38	0.83
104,803	Liskeard	14,100	97	112	4	6	219	15.55	1.16	2	3	1	4	18.26	104	70	174	12.34	0.77
82,389	St. Austell	20,470	150	176	9	9	344	16.80	1.03	4	10	6	16	46.51	146	161	307	15.00	0.87
48,433	St. Germans	16,740	114	117	4	1	236	14.10	1.11	13	4	4	8	33.90	124	141	265	15.83	0.78
56,285	Stratton	5,635	41	43	3	1	88	15.62	1.15	1	1	..	1	11.36	54	38	92	16.33	0.88
108,316	Truro	26,810	195	183	7	8	393	14.66	1.10	11	5	5	10	25.45	189	223	412	15.37	0.76
88,230	Wadebridge	16,010	83	113	5	2	203	12.68	1.13	5	4	4	8	39.41	90	105	195	12.18	0.89
59,792	West Penwith	17,990	124	132	8	3	267	14.84	1.04	3	6	3	9	33.71	113	111	224	12.45	0.82
764,682	TOTALS	153,300	1066	1106	52	39	2,263	14.76	1.09	47	38	32	70	30.93	1,084	1,099	2,183	14.24	0.82
864,126	Whole County	339,800	2310	2319	132	108	4,869	14.33	..	116	98	65	163	33.48	2,370	2,493	4,863	14.31	..
4,041	Scilly Isles	1,900	13	20	1	1	35	18.42	1.00	1	..	..	..	..	17	15	32	16.84	0.90

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

Comparability factors are given for the purpose of securing comparability between local birth and death rates and those for England and Wales.







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

YEAR	ESTI- MATED POPU- LATION	LIVE BIRTHS						Stillbirths	DEATHS							
		Legitimate		Illegitimate		Total	Rate		Under 1 Year			At all Ages				
		Males	Females	Males	Females				Total	Rate per 1,000 live Births	Males	Females	Total	Rate		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1932	312,269	2161	1989	102	105	4357	13.95	209	137	101	238	54.62	2106	2326	4432	14.19
1933	312,076	2092	1901	103	95	4191	13.43	216	131	87	218	52.01	2105	2375	4480	14.35
1934	312,318	2013	1969	93	118	4193	13.42	206	132	109	241	57.47	1997	2242	4239	13.57
1935	312,090	2073	1913	94	85	4165	13.34	211	117	76	193	46.34	2012	2230	4242	13.59
1936	310,686	2032	1955	99	90	4176	13.44	185	136	78	214	51.24	2071	2225	4296	13.83
1937	308,994	1937	1883	90	83	3993	12.92	173	115	82	197	49.33	2154	2330	4484	14.51
1938	308,297	1927	1933	94	93	4047	13.13	166	136	67	203	50.16	2100	2202	4302	13.95
1939	(a) 308,517 (b) 312,211	1975	1771	85	78	3909	12.67	180	142	88	230	58.84	2227	2375	4602	14.74
1940	329,138	2127	1945	100	96	4268	12.97	163	116	90	206	48.26	2357	2567	4924	14.96
1941	371,382	a 2215 c 2456	2125	161	132	4633	12.47	183	159	108	267	52.46	2465	2721	5186	13.96
1942	344,944	2427	2212	168	139	4946	14.34	180	135	93	228	46.09	2127	2301	4428	12.84
1943	327,163	2378	2246	183	163	4970	15.19	164	106	72	178	35.81	2201	2388	4589	14.02
1944	322,513	2607	2554	276	236	5673	17.59	180	132	99	231	40.72	2197	2359	4556	14.13
1945	313,559	2225	2199	333	287	5044	16.08	178	101	84	185	36.67	2214	2367	4581	14.61
1946	318,139	2754	2572	229	199	5754	18.09	156	136	87	223	38.75	2168	2817	4555	14.32
1947	321,605	2940	2791	214	166	6111	19.00	177	136	77	213	34.85	2286	2449	4735	14.72
1948	329,828	2603	2463	177	142	5385	16.33	136	117	69	186	34.54	2095	2169	4264	12.93
1949	(d) 330,247 (e) 339,077	2442	2361	138	146	5087	15.41	127	99	65	164	32.24	2242	2416	4658	14.10
1950	(e) 339,999	2290	2219	124	125	4758	13.99	125	78	66	144	30.26	2238	2418	4656	13.69
1951	(e) 339,800	2310	2319	132	108	4869	14.33	116	98	65	163	33.48	2370	2493	4863	14.31

Birth and Death rates calculated per 1,000 of the Population.

- (a) For Birth Rate.  
(b) For Death Rate.  
(c) For Infant and Maternal Mortality Rates.  
(d) Civilian population (for birth and death rates).  
(e) Total population (including non-civilians stationed in the county).







TABLE III.

Infectious Diseases notified in each District during the year 1951.

SANITARY DISTRICT	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Meningococcal infection	Acute Poliomyelitis	Acute Encephalitis	Dysentery	Puerperal Pyrexia	Paratyphoid Fever	Food Poisoning	Erysipelas	Malaria	Acute Rheumatism	Totals
URBAN																
Bodmin ...	21	-	1	123	-	-	-	-	11	-	-	2	-	-	-	158
Bude-Stratton ...	3	3	-	123	7	-	-	-	-	1	-	-	-	-	-	137
Camborne-Redruth ...	56	104	-	280	37	1	5	-	19	30	-	3	10	-	3	548
Falmouth ...	11	44	1	372	4	-	1*	-	2	2	-	-	1	-	1	439
Fowey ...	-	9	-	26	-	-	1	-	-	-	-	-	-	-	-	36
Helston ...	1	15	-	98	-	-	-	-	8	-	-	-	-	-	-	122
Launceston ...	-	17	-	106	1	-	-	-	-	-	-	-	2	-	-	126
Liskeard ...	3	89	-	14	5	-	1	-	-	-	-	-	1	-	1	114
Looe ...	10	27	-	72	26	-	1	-	-	-	-	-	-	-	-	136
Lostwithiel ...	1	3	-	11	5	-	-	-	-	-	-	-	-	-	-	20
Newquay ...	16	83	-	296	2	-	1	-	7	1	-	-	1	-	-	407
Padstow ...	1	-	-	89	-	-	-	-	1	-	-	-	-	-	-	91
Penryn ...	-	5	-	54	1	-	1	-	-	1	-	-	-	-	-	62
Penzance ...	40	4	3	542	-	-	-	-	17	5	-	-	1	-	2	614
St. Austell ...	11	91	2	512	1	2	3	-	1	2	-	-	-	-	1	626
St. Ives ...	12	34	1	68	-	-	-	-	-	-	-	2	-	-	1	118
St. Just ...	-	-	-	179	-	-	-	-	-	-	-	-	-	-	-	179
Saltash ...	1	102	-	251	22	-	2	-	3	4	-	1	1	-	-	387
Torpoint ...	2	40	-	30	5	-	-	-	-	1	-	-	1	-	-	79
Truro City ...	3	49	-	36	2	-	1	-	4	2	-	-	1	-	-	98
TOTALS ...	192	719	8	3282	118	3	17	-	73	49	-	8	19	-	9	4497
RURAL																
Camelford ...	6	2	-	27	5	-	-	-	-	-	-	15	-	-	-	55
Kerrier ...	13	93	-	456	5	-	2	-	-	-	-	-	-	-	-	569
Launceston ...	3	15	1	42	3	-	1	-	-	-	-	-	-	-	1	66
Liskeard ...	12	66	-	203	24	-	-	2	1	2	-	-	-	-	-	310
St. Austell ...	16	133	-	333	5	1	7	-	1	1	-	4	2	-	-	503
St. Germans ...	27	142	-	325	35	-	1	-	2	1	1	-	5	-	-	539
Stratton ...	1	14	1	68	11	-	2	-	-	-	-	-	4	-	-	101
Truro ...	21	258	-	485	40	-	1	1	1	4	-	-	4	-	1	816
Wadebridge ...	9	22	-	330	11	-	3	-	-	1	-	9	1	2	1	389
West Penwith ...	11	21	-	262	7	1	2	-	4	-	-	-	-	-	-	308
TOTALS ...	119	766	2	2531	146	2	19	3	9	9	1	28	16	2	3	3656
Whole County ...	311	1485	10	5813	264	5	36	3	82	58	1	36	35	2	12	8153

There were no cases of Smallpox, Typhoid Fever or Ophthalmia Neonatorum during the year. The cases of Malaria were believed to have been contracted abroad.

\* Non-paralytic case.







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

Infectious Disease	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Scarlet Fever ...	228	229	384	386	280	167	176	214	263	311
Whooping Cough ...	696	474	1179	473	550	720	1393	641	729	1485
Diphtheria ...	389	225	164	206	155	44	27	3	16	10
Measles ...	184	1918	1544	3989	267	2288	2286	3569	668	5813
Pneumonia ...	248	313	339	242	205	221	170	208	221	264
Cerebro-spinal Fever ...	42	28	28	18	17	9	4	2	8†	5†
Acute Poliomyelitis	3	—	3	28	3	32	17	105	98†	36†
Acute Polio-Encephalitis ...	1	—	2	1	1	—	1	5		
Acute Encephalitis Lethargica ...	1	1	2	1	1	—	—	—	1†	3†
Dysentery ...	38	61	95	117	17	29	17	38	27	82
Ophthalmia Neonatorum ...	18	24	34	21	14	13	6	4	2	—
Intermittent Pyrexia	65	70	76	61	89	79	51	71	58	58
Smallpox ...	—	—	—	—	—	—	—	4	—	—
Paratyphoid Fevers ...	—	6	6	4	1	4	1	1	—	1
Typhoid Fever (excluding Paratyphoid) ...	13	7	6	2	—	—	2	—	2	—
Food Poisoning* ...	—	—	—	—	—	—	—	27	87	36
Erysipelas ...	87	71	75	65	58	48	42	52	54	35
Malaria ...	1	9	35	17	12	1	3	—	—	2
Acute Rheumatism§ ...	—	—	—	—	—	—	—	—	3	12
TOTALS	2014	3436	3972	5631	1670	3655	4196	4944	2237	8153

\*—Not included in returns to Registrar-General until 1.1.49.

†—Under the Public Health (Acute Poliomyelitis, Acute Encephalitis, and Meningococcal Infection) Regulations, 1949, which came into operation on 1st January, 1950,

(i) Acute Poliomyelitis includes Acute Polioencephalitis.

(ii) The Public Health (Cerebro-spinal Fever and Acute Poliomyelitis) Regulations, 1912, and the Public Health (Acute Encephalitis Lethargica and Acute Polioencephalitis) Regulations, 1918 and 1919 are revoked, and Meningococcal Infection made notifiable.

§—In persons under 16 years of age (notifiable from 1.10.50).







**TABLE V.**  
**CAUSES OF DEATH AT SPECIFIED AGES, 1951.**

Cause of death	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
Tuberculosis, res- piratory ...	85	—	2	1	4	29	33	14	2
Tuberculosis, other ...	16	—	5	—	1	5	4	—	1
Syphilitic disease ...	16	—	—	—	—	1	8	6	1
Diphtheria ...	1	—	1	—	—	—	—	—	—
Whooping Cough ...	4	4	—	—	—	—	—	—	—
Meningococcal Infections ...	3	1	1	—	1	—	—	—	—
Acute Poliomyelitis ...	5	1	—	1	1	2	—	—	—
Measles ...	3	1	2	—	—	—	—	—	—
Other infective and parasitic diseases ...	15	—	3	1	1	1	6	1	2
Malignant neoplasm, stomach ...	156	—	—	—	—	1	49	48	58
do. lung, bronchus ...	75	—	—	—	—	1	44	21	9
do. breast ...	69	—	—	—	—	10	31	16	12
do. uterus ...	32	—	—	—	—	3	17	7	5
Other malignant lym- phatic neoplasms ...	394	—	1	3	1	18	125	119	127
Leukaemia, aleukae- mia ...	15	—	—	2	—	4	5	3	1
Diabetes ...	48	—	—	—	—	2	11	19	16
Vascular lesions of nervous system ...	621	1	—	—	—	2	95	179	344
Coronary disease, Angina ...	492	—	—	—	—	3	116	193	180
Hypertension with heart disease ...	152	—	—	—	—	3	21	48	80
Other heart disease ...	1167	—	—	1	—	9	142	223	792
Other circulatory disease ...	134	—	—	—	—	—	22	38	74
Influenza ...	119	3	—	—	4	3	18	31	60
Pneumonia ...	151	13	5	—	—	5	30	28	70
Bronchitis ...	179	—	2	—	—	4	25	51	97
Other diseases of respiratory system ...	52	3	—	—	2	3	8	19	17
Ulcer of stomach and duodenum ...	26	—	—	—	—	2	9	8	7
Gastritis, enteritis and diarrhoea ...	23	9	—	1	—	1	1	7	4
Nephritis and Nephrosis ...	69	1	1	1	—	5	15	18	28
Hyperplasia of prostate ...	49	—	—	—	—	—	1	16	32
Pregnancy, childbirth, abortion ...	6	—	—	—	2	4	—	—	—
Congenital malforma- tions ...	24	18	2	—	2	—	—	1	1
Other defined and ill- defined diseases ...	528	99	3	7	5	23	79	84	228
Motor vehicle accidents ...	24	—	1	2	4	5	6	4	2
All other accidents ...	108	9	6	4	7	16	21	11	34
Suicide ...	32	—	—	—	3	4	14	9	2
Homicide and opera- tions of war ...	2	—	—	—	—	—	1	1	—
All causes ...	4895*	163	35	24	38	169	957	1223	2286

\*—including 32 deaths in the Scilly Isles.



