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CORNWALL COUNTY COUNCIL

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH
1954

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

GOVERNMENT COUNTY COUNCIL

ANNUAL REPORT

OF THE
COUNTY MEDICAL OFFICER
OF HEALTH

1974

R. M. CUNNINGHAM, M.B., B.S., D.R.

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HEALTH COMMITTEE

(as constituted at 31st December, 1954).

Chairman:

Mrs. M. F. WILLIAMS

Vice-Chairman:

W. S. RASHLEIGH

Members:

Mrs. H. C. C. ASHER	E. G. LILLEY
Mrs. A. M. BLACKWOOD	W. E. MILLER
Major C. A. E. CHUDLEIGH	N. H. R. NORMINGTON
C. M. DENNIS	W. G. OLD
T. B. EDDY	A. T. OPIE
F. EDE	J. C. PENBERTHY
J. H. HAWKEN	W. J. T. PETERS
H. B. LAITY	J. READ
Mrs. P. LANYON	A. J. ROBERTS
F. G. FORD	P. M. WILLIAMS
F. L. HARRIS	Mrs. D. M. WILLS
Surg.Cdr. J. L. LEAN	

Representatives of Area Sub-Committees:

Area I	G. SIDDONS	Area IV	H. C. ROWSE
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:

Mrs. W. G. BULTEEL	Cornwall County Nursing Association
Dr. J. P. B. ARTHUR	... British Red Cross Society
Dr. W. L. STEWART	... St. John Ambulance Brigade
Dr. W. LESLIE	... Local Medical Committee
Miss J. A. FOSTER	... Mental Health

Ex Officio:

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

The work of the Health Committee is largely done through the following Sub-Committees:—

Accounts Sub-Committee

Ambulance Sub-Committee

Dental Sub-Committee

Finance and General Sub-Committee

Maternity and Child Welfare Sub-Committee

Welfare Sub-Committee

Welfare House Sub-Committees

and

7 Health Area Sub-Committees

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 1954.

There is no longer any disagreement about the fundamental importance of good environmental hygiene as the most important influence in maintaining the health of the population. Good housing, an ample supply of pure water, and efficient sewage disposal arrangements form the basis upon which any service for the promotion of the health of the people must rest. During the last 10 years, approximately two million pounds have been spent in this County by the District Councils, the County Council and the Government upon schemes for water supply, and another half a million or so has been spent upon schemes of sewerage and sewage disposal. The details of the Census taken in 1951, however, are a sharp corrective to any tendency to complacency. It will, I am sure, have come as a surprise to many to find that about one-third of the households in this County are still without the exclusive use of a piped water supply. This applies to about one-half of the households in Rural Districts, and one-quarter of the households even in Municipal Boroughs and Urban Districts. The average for the country is 17%. One-third of the households in Cornwall are without the exclusive use of a kitchen sink; 30% of them have not the exclusive use of a water closet; and 55% are without the exclusive use of a fixed bath. More than one-quarter of the households in this County are without any piped water supply at all. At the beginning of this Report I have included some further details taken from the Census Report which throw light on the conditions under which people are living in this County. There is, as I say, no room for complacency, and the County will have to face the need for further heavy expenditure on these fundamental Services to create a reasonable standard of living for the thousands who are labouring under these difficulties.

The general death rate for the County remains steady, and we cannot hope for very much in the way of improvement. The death rate during 1954 was 13.23 per thousand population. If every baby born lived to the age of 80 and then died, the death rate after a time would remain steady at 12.5 per thousand population. The Health Services can only hope to postpone death, and its success in doing so may be seen in the small Table at the end of the Section on Statistics and Social Conditions, which compares the ages at which people died in 1904 with those in 1954. It follows that the number of deaths of infants can be taken as an index of the general health of the community, and it is a pleasure to be able to draw attention to the fact that the Infant Mortality rate in Cornwall in 1954 reached a new low level, falling from 26.75 in the previous year to 20.92 per thousand live births.

I also draw particular attention to the fact that for the first time in the history of the County there were no cases of diphtheria notified. This is largely due to the success of the immunisation campaign, but I must reiterate that the price of freedom is eternal vigilance. The rates of immunisation as shown in the Section of Epidemiology and Preventive Medicine are certainly not ones in which we can take any pride, and are not such as to give us a sense of security and safety from a return of diphtheria. In the Section dealing with tuberculosis, it will be noticed that for the first time for some years, a substantial fall has taken place in the number of notifications of new cases of tuberculosis. It may well be that this is an indication of a real fall in incidence, but it would be premature at this stage to draw too optimistic a conclusion from these figures.

For the first time since the Health and Welfare Departments were merged, there is a comprehensive Section in this Report dealing with the Welfare Services, contributed by Mr. Mountford, the County Welfare Officer. In this field also much remains to be done before we can be reasonably satisfied with the Services we are providing.

In the Section on Mental Health, the beginnings of a system of home teaching are described, and it is encouraging to record the great appreciation of these arrangements expressed by the parents of the children concerned.

The year as a whole, therefore, produced a stimulating mixture of encouraging results from past efforts, the safe launching of new enterprises, and a dramatic challenge to still greater effort in the future.

I repeat my acknowledgment of the help and consideration I have received from the Chairman and Members of my Committee, both collectively and individually, the sympathetic support I have received from my colleagues in other branches of medical practice, and the loyal assistance I have received from my Staff.

I am,

Your obedient Servant,

R. N. CURNOW,

County Medical Officer.

July, 1955.

CORNWALL COUNTY COUNCIL

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1954.

PUBLIC HEALTH OFFICERS:

County Medical Officer of Health and Principal School Medical Officer:

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

Deputy County Medical Officer and Deputy Principal 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. D. K. NEEDHAM, M.R.C.S., L.R.C.P., 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)—

*W. H. P. MINTO, M.B., Ch.B., D.P.H. (Left 24.4.54)

*W. PATERSON, M.B., Ch.B., D.P.H. (Comm. 14.6.54)

Area 7 (Liskeard)—

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

*Also School Medical Officer.

County Psychiatrist:

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

Senior School Medical Officer:

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

School Medical Officers:

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.
 MURIEL V. JOSCELYNE, M.B., Ch.B., D.P.H.
 C. L. KNIGHT, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.
 JEAN D. McMILLAN, B.Sc., M.B., Ch.B.
 §W. H. P. MINTO, M.B., Ch.B., D.P.H. (Left 24.4.54)
 §J. REED, M.B., Ch.B., B.Sc., D.P.H.
 B. ROBERTS, M.R.C.S., L.R.C.P.
 WINIFRED M. RYAN, M.R.C.S., L.R.C.P.
 G. W. WARD, M.B., Ch.B., D.P.H. (Comm. 13.1.54)
 §W. PATERSON, M.B., Ch.B., D.P.H. (Comm. 14.6.54)

§Also Assistant County Medical Officer

Chief Dental Officer:

A. H. MILLETT, L.D.S. (Comm. 15.4.54)

Dental Officers:

R. J. R. BAKER, L.D.S.
 K. BATTEN, L.D.S. (Part-time).
 P. S. R. CONRON, L.D.S.
 H. J. EAGLESON, L.D.S.
 W. H. ELLAM, B.D.S.
 G. C. HODGSON, L.D.S.
 D. A. PATTERSON, L.D.S.
 F. R. TAYLOR, L.D.S.
 E. R. TRYTHALL, L.D.S.
 W. Mc.C. GRAVES-MORRIS, L.D.S., L.M.S.S.A.
 (Comm. 3.11.54—Part-time).

County Sanitary Officer:

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

Assistant County Sanitary Officer:

W. R. 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.:

Miss M. A. PRICE, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Assistant County Nursing Officers:

Area 1—Miss A. HANSBURY, S.R.N., S.C.M., Q.N.S., H.V.Cert.
 (Comm. 26.4.54)

Area 2—Miss N. E. RUSSELL, S.R.N., S.C.M., Q.N.S., H.V.Cert.
 (Left 16.6.54)

Miss A. HOWARTH, S.R.N., S.C.M., Q.N.S., H.V.Cert.
 (Comm. 21.6.54)

Area 3—Miss M. GRAY, S.R.N., S.C.N., H.V.Cert.

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

Area 5—Miss B. H. FLETCHER, S.R.N., S.C.M., Q.N.S., H.V.Cert.

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

Area 7—Miss K. M. PETHYBRIDGE, S.R.N., S.C.M., Q.N.S.,
H.V.Cert. (Left 28.2.54)

Miss G. I. JESS, S.R.N., S.C.M., Q.N.S., H.V.Cert
(Comm. 5.4.54)

County Ambulance Officer:

T. C. TRESIDDER.

Commander of the Order of St. John.

Area Ambulance Supervisors:

Areas 1—3—F. POLKINGHORNE

Areas 4—7—D. C. B. PECKETT

Civil Defence Training—W. H. MAYCOCK

Mechanical Supervisor—J. J. PEARCE

County Welfare Officer:

F. R. MOUNTFORD, D.P.A., A.C.I.S. (Comm. 1.1.54)

County Mental Health Officer:

F. E. PASCOE, R.O's Cert.

Educational Psychologist:

J. E. COLLINS, B.A., Dip.Ed.Psych., A.B.Ps.S.

Psychiatric Social Worker:

Miss B. ROGERS, Social Science Diploma.

Mental Health Worker:

Miss B. M. SYRETT

Mental Health and Welfare 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, R.O.'s Cert.

Area 7—W. V. COUCH

Central—B. BUCKINGHAM (Comm. 28.9.54)

Home Teachers for Mental Defectives:

Miss A. BALCOMBE, Diploma N.A.M.H. (Comm. 1.10.54)

Miss E. R. CREWE, Diploma N.A.M.H. (Comm. 1.11.54)

County Home Help Organiser:

Mrs. E. L. CROTHERS, B.E.M.

Speech Therapist:

Miss G. O. FELL, L.C.S.T.

Miss H. J. RICHARDS, L.C.S.T. (Comm. 18.1.54)

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:

ERIC VOELCKER, A.R.C.S., F.R.I.C.

Analytical Laboratory, Stuart House, 1, Tudor Street,
London, E.C.4.

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 1954 (Registrar General's estimate) ...	341,350
Population 1951 census	343,447
Population, 1931 census	316,228
Censal increase	27,219
Percentage increase	8.6
Number of inhabited houses (1951 Census) ...	100,577
Rateable Value	£1,948,368
Sum represented by a penny rate	£7,867

The Registrar General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1950—54 is shown in the following table:—

	1950	1951	1952	1953	1954
Urban Districts ..	187,657	186,500	186,200	186,900	186,700
Rural Districts ...	152,342	153,300	154,661	154,563	154,650
Administrative County ...	339,999	339,800	340,861	341,463	341,350
Increase or decrease over previous year ..	+ 9,752*	— 199	+ 1,061	+ 602	— 113

* includes non-civilians stationed in the County.
(included in estimates from 1950)

Table I at the end of the Report shows the estimated population and number of births and deaths for 1954 in each of the Sanitary Districts of the County, whilst Table II gives a summary of these statistics for the County for recent years.

Births and Birth Rate

Live Births		Male	Female	Total
Legitimate	... ..	2,392	2,178	4,570
Illegitimate	... ..	105	105	210
Total	... ..	2,497	2,283	4,780
Birth rate per 1,000 of the population		...	...	14.00
Still Births		Male	Female	Total
Legitimate	... ..	88	66	154
Illegitimate	... ..	1	—	1
Total	... ..	89	66	155
Still birth rate per 1,000 of the population		...	...	0.45

The Birth Rate of 14.00 compares with a rate of 14.01 in 1953. The following are the rates for recent years:—

				Cornwall	England & Wales
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
1952	...	...	...	14.32	15.3
1953	...	...	...	14.01	15.5
1954	...	...	...	14.00	

Deaths and Death Rate

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

Males	...	...	...	2,308
Females	...	...	...	2,209
Total	...	...	...	4,517

This gives a death rate of 13.23 as compared with a rate of 13.22 in 1953. The following are the rates for recent years:—

				Cornwall	England & Wales
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
1952	...	...	...	12.84	11.3
1953	...	...	...	13.22	11.4
1954	...	...	...	13.23	

Infant Mortality

There were 100 infant deaths, representing a rate of 20.92 per 1,000 live births. This is a new low record rate for the County and compares with a rate of 26.75 in 1953. The infant mortality rate is generally considered to be the best index we possess to the social circumstances of an area, as the rate tends to be high where bad housing, overcrowding, defective sanitation, and maternal ignorance and neglect are found.

Chief causes of death at all ages:—

	1953	1954
Disease of Heart and Blood Vessels ...	1,822	1,879
Cancer	743	748
Vascular lesions of nervous system ...	608	665
Respiratory disease	379	319
Suicide and deaths from violence ...	174	164
Tuberculosis	71	73

Deaths from Heart Disease

Age Group	Urban Districts		Rural Districts		Total
	M.	F.	M.	F.	
Under 1 ...	—	—	—	—	—
1— 5 ...	—	—	—	—	—
5—14 ...	—	—	—	1	1
15—24 ...	—	1	1	—	2
25—44 ...	9	5	1	—	15
45—64 ...	107	51	73	29	260
65—74 ...	169	105	119	99	492
75 & over	253	310	151	197	911
	<hr/> 538 <hr/>	<hr/> 472 <hr/>	<hr/> 345 <hr/>	<hr/> 326 <hr/>	<hr/> 1,681* <hr/>

* including 9 deaths in Scilly Isles

Number of Deaths at Different Periods of Life

Age Group			Male	Female	Total
Under 1 ... ..	...	...	67	33	100
1— 4 ... ..	...	...	13	6	19
5—14 ... ..	...	...	12	10	22
15—24 ... ..	...	...	36	9	45
25—44 ... ..	...	...	90	61	151
45—64 ... ..	...	...	540	378	918
65—74 ... ..	...	...	717	567	1,284
75 & over ... ..	...	...	848	1,150	1,998
Total ...			<hr/> 2,323 <hr/>	<hr/> 2,214 <hr/>	<hr/> 4,537* <hr/>

* including 20 deaths in Scilly Isles

The following table shows the number of deaths which occurred in various age-groups out of every 1,000 deaths which occurred in the County in the years 1904 and 1954:—

1904			1954
169	Under 1 year of age	...	22
65	Aged 1 year to 5 years	...	4
26	Aged 5 to 15 years	...	5
49	Aged 15 to 25 years	...	10
282	Aged 25 to 65 years	...	236
409	Aged 65 years and over	...	723

THE 1951 CENSUS

The following information is derived from the Registrar-General's Report on the Census taken in April 1951 which was published in March 1955.

Population and Intercensal Changes

The total population enumerated in Cornwall (including the Isles of Scilly) at the 1951 Census was 345,442, indicating a net increase over the whole period since the 1931 Census of about 27,500 persons. The population of Cornwall fell at fluctuating rates from 1861 to 1931; one decade (1901-1911) showed a small increase, but in all other intercensal periods there were decreases. This last intercensal increase of 8.6 per cent in the twenty years between 1931 and 1951 therefore reflects a change which may be due in part to permanent effects of war-time evacuation movements.

The annual rate of natural increase since 1931, viz. 0.6 per 1,000, was much less than the corresponding mean rate for England and Wales of 4.2 per 1,000. This arises from the lower birth rates of Cornwall (an average of 14.6 per 1,000 against 16.5 in England and Wales), as well as from the higher mortality. The mean annual death rate over the period in Cornwall was 14.0 per 1,000 compared with 12.3 in the country as a whole.

Dwellings, Rooms and Private Households

The dwellings in the County, in the occupation of private households and vacant, numbered 106,033, representing an increase of 17,173 (19.3 per cent) over the 1931 figure. The number of new dwellings that were built in the 1931-51 period, the majority having been erected before the war, was probably a little larger than this net increase in numbers of dwellings between the two dates, losses due to war damage, demolition of sub-standard properties and the conversion of residential property to other uses outweighing any gains from the conversion of large dwellings into multiples of smaller ones.

Extensive changes in the size distribution of dwellings have accompanied their expansion in numbers.

The proportion of dwellings of 4 or 5 rooms increased substantially between 1931 and 1951, from 47 to 57 per cent, largely as a result of new buildings of dwellings of these sizes. The proportion of larger dwellings decreased during this period from 40 to 31 per cent. There was comparatively little change in the proportion of dwellings of 1—3 rooms. The changes in this period were in the same direction as those which took place between 1921 and 1931. The experience of Cornwall in the 1931-51 period was very similar to that of England and Wales as a whole.

The average number of persons per private household was 3.12 in 1951 as compared with 3.52 in 1931, the population recorded in private households having increased by 7.1 per cent while the number of households increased by 20.6 per cent to a total of 103,283.

The size distribution of households in Cornwall differed slightly from that for England and Wales. There were in 1951 relatively more households of one or two persons in Cornwall than in England and Wales as a whole (41.1 per cent as compared with 38.6 per cent) the proportion of 3 person households was the same in both, but Cornwall had relatively fewer households with 4 or more persons.

The incidence of sharing of dwellings among households in Cornwall is shown as appreciably lower than in England and Wales, the percentages of households sharing being 4.1 and 15.1 respectively.

Piped water. 34 per cent of households in the County were reported as being without exclusive use of a piped water supply. This compared with 17 per cent for England and Wales. In Cornwall almost 80 per cent of these households were entirely without a piped water supply. Among households sharing dwellings only 11 per cent were entirely without; but among dwellings in undivided occupations 28 per cent were entirely without, the proportion being much higher than this county average in many rural districts.

Cooking stove. The proportion of the households in the County without exclusive use of a cooking stove, at 3 per cent, was lower than that for England and Wales as a whole (7 per cent.).

Kitchen sink. 33 per cent. of households in Cornwall were without exclusive use of a kitchen sink as compared with 13 per cent. for England and Wales.

Water closet. 30 per cent of households in Cornwall were without exclusive use of a water closet as compared with 21 per cent. for England and Wales.

Fixed bath. 55 per cent. of households in Cornwall were without exclusive use of a fixed bath as compared with 45 per cent. for England and Wales.

Sex, Age and Marital Condition

The main factor which has determined the age pattern of the 1951 population of Cornwall is the decline in fertility which has taken place since the end of the last century. Numbers in the middle age groups tended to be larger in 1951 than those at younger ages because they were the survivors of a period when annual births were more numerous. This is a feature of a population which has been ageing which applies generally throughout the country and is not peculiar to Cornwall. The high numbers aged 0—4 in the population both of Cornwall and the country generally reflect the exceptionally high numbers of births of 1946 and 1947.

At the 1931 Census the population of Cornwall was slightly older in age structure than that of England and Wales, there being relatively fewer children and young adults and relatively more old people. The percentage of the population aged under 15 was 20.4 as compared with 22.2 in England and Wales, the difference being due to the lower birth rates experienced in Cornwall. There were 26 per cent. of persons aged 15-34 in Cornwall compared with 27.3 per cent. in England and Wales; but at ages 35-64 the corresponding percentages were 40.0 and 39.6. The proportion in the working age-group 15-64 in the population of Cornwall was not much less than the national average. The proportion of persons aged 65 and over was, however, higher in Cornwall than in England and Wales, 13.6 per cent. as compared with 10.9 per cent.

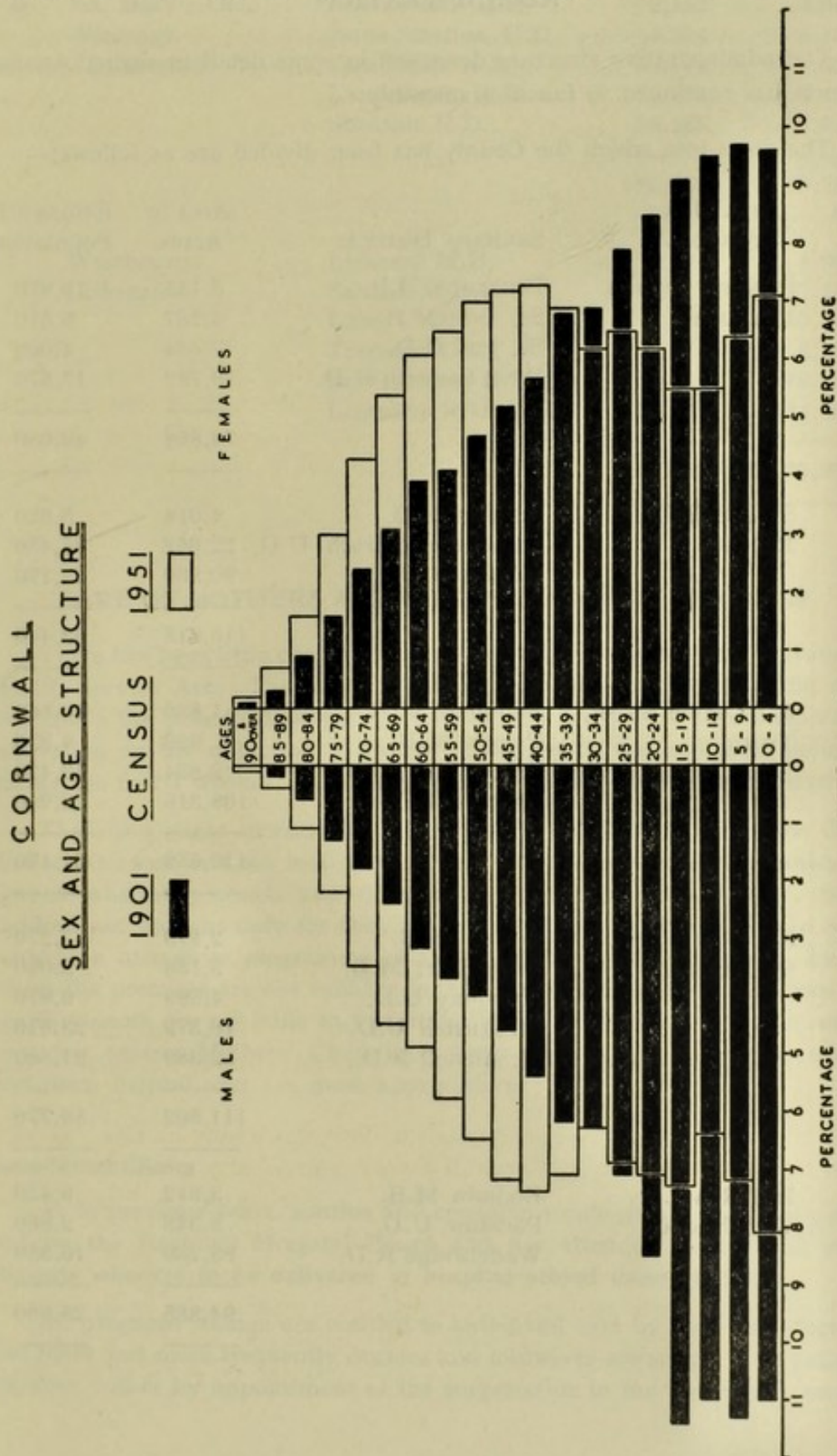
Comparison between 1951 and 1931 illustrates the "ageing" trend that has been noted in similar reports in respect of previous intercensal periods. In Cornwall 13.6 per cent. of persons were aged 65 and over in 1951 compared with 10.9 per cent. in 1931. Although there was only a relatively small decrease in proportions in the working age-group 15-64 taken as a whole, there were in 1951 relatively fewer persons in the younger section and more in the older section of it, viz., 26.0 per cent. aged 15-34 in 1951 compared with 30.4 per cent. in 1931, and 40.0 per cent. aged 35-64 in 1951 compared with 36.8 per cent. in 1931. The changes in Cornwall were similar to those in England and Wales, even though migration may have somewhat distorted the picture.

The numbers of females per 1,000 males in the population of all ages in Cornwall was 1,096 in 1951, indicating a continuation of the decline from 1,175 in 1921 to 1,136 in 1931.

The proportion of divorced persons in 1951 was about six times as high as in 1931 but was lower in Cornwall than in the country generally; 5.8 per thousand over age 15 as compared with 6.0 per thousand for England and Wales as a whole (One per cent. Sample data).

There were relatively fewer married persons over the age of 15, and relatively more single persons of both sexes in Cornwall than in the country generally. The differences are small and reflect the smaller proportions married at early ages in Cornwall and the larger proportions widowed, especially women.

The "ageing" trend remarked upon in the Census Report is clearly shown in the following compound sex-age structure pyramid which has been compiled from the 1901 and 1951 Census Reports.



NATIONAL HEALTH SERVICE ACTS, 1946—1949

ADMINISTRATION

The administrative structure described in some detail in earlier Annual Reports has continued to function smoothly.

The areas into which the County has been divided are as follows:—

Area No.	Area Office Address.	Sanitary Districts	Area in Acres.	Estimated Population
1	1, North Parade, Penzance.	Penzance M.B.	3,155	19,970
		St. Ives M.B.	4,287	8,510
		St. Just U.D.	7,634	4,000
		West Penwith R.D.	59,792	17,570
			<hr/> 74,868	<hr/> 49,050
2	Station Hill, Redruth.	Helston M.B.	4,014	5,820
		Camborne-Redruth U.D.	22,062	35,450
		Kerrier R.D.	90,839	22,170
			<hr/> 116,915	<hr/> 63,440
3	6/7 Lemon Street, Truro.	Falmouth M.B.	1,880	16,560
		Penryn M.B.	829	4,250
		Truro City	2,634	13,420
		Truro R.D.	108,316	26,940
			<hr/> 113,659	<hr/> 61,170
4	34a Fore Street, St. Austell.	Fowey M.B.	2,979	2,270
		Lostwithiel M.B.	3,156	2,060
		Newquay U.D.	4,599	9,970
		St. Austell U.D.	18,379	23,610
		St. Austell R.D.	82,389	21,860
			<hr/> 111,502	<hr/> 59,770
5	Hill Road, Wadebridge.	Bodmin M.B.	3,312	6,420
		Padstow U.D.	3,343	2,880
		Wadebridge R.D.	88,230	16,350
			<hr/> 94,885	<hr/> 25,650

Area No.	Area Office Address.	Sanitary Districts	Area in Acres.	Estimated Population
6	St. Mary's Old Vicarage, Launceston.	Launceston M.B.	2,182	4,660
		Bude-Stratton U.D.	4,294	5,130
		Camelford R.D.	52,544	7,380
		Launceston R.D.	73,051	6,480
		Stratton R.D.	56,285	5,630
			<hr/> 188,356	<hr/> 29,280
7	Westbourne Liskeard	Liskeard M.B.	2,704	4,360
		Saltash M.B.	5,335	7,480
		Looe U.D.	1,691	3,670
		Torpoint U.D.	975	6,210
		St. Germans R.D.	48,433	16,220
		Liskeard R.D.	104,803	14,050
	<hr/> 163,941	<hr/> 51,990		

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

There has been little change in the work under this section of the National Health Service Act. The infant mortality rate has made a dramatic drop from 26.75 last year to 20.92 per 1,000 live births this year. This is especially interesting as the reduction in deaths is mainly in the neo-natal period—during the first 4 weeks. Further reference is made to these figures later.

There is a slight increase in the number of children attending the Child Welfare Centres, but the total number of attendances is less. Immunisation against whooping cough and diphtheria is given at the centres. Some children are brought only for this, and do not continue to attend. In some centres an attractive programme of health education is carried out, but in others the premises are not suitable for this purpose, or for other reasons the health visitors are not able to undertake this important part of their work. In a few centres Mothers' Clubs have been started, and those who attend find them helpful and are most appreciative.

Ante-Natal Clinics

As in previous years, routine and consultant ante-natal clinics are provided by the Regional Hospital Board and are attended by hospital staff. Patients who are to be delivered in hospital attend these clinics.

All pregnant women are entitled to ante-natal care by their own doctors, and more and more frequently doctors and midwives are seeing their patients together, either by appointment at the surgeries or in the patients' homes.

Midwives' ante-natal clinics and mothercraft classes play a valuable part in health education. Any pregnant woman can attend these classes. Health visitors give talks and demonstrations, and lead discussions. A woman booked for home confinement is given advice by her midwife. It is hoped that further progress will be made in these classes, and that more will be opened.

Maternity Accommodation

All hospital accommodation is provided by the Regional Hospital Board. Women needing hospital accommodation on social grounds are referred by the County Medical Officer. During the year 631 such cases were referred, 90 to the West Cornwall Hospital, Penzance; 36 to Redruth Hospital; 133 to Trebarras Maternity Home, Liskeard; 197 to Old Tree, Launceston; 69 to Alexandra Maternity Home, Devonport; 48 to Tavistock Maternity Home; and 58 to St. Barnabas Hospital, Saltash. This is an increase on the number referred last year (453).

The following table shows the percentage of births which took place in the patients' homes 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	187	120
1952	4673	58.7	35.6	5.7	184	120
1953	4868	55.36	40.92	3.72	186	127
1954	4935	54.22	42.74	3.04	198	135

*Figures not available.

Maternity Outfits

Sterilised maternity outfits are provided free for all domiciliary confinements. Outfits are distributed by midwives and by Health Area Offices.

Mother and Baby Homes

Rosemundy Home at St. Agnes 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. Girls are admitted several weeks before their confinements and stay approximately 6 months. Before leaving the Home arrangements are made for the future of the girls. The majority return to their homes or friends keeping their babies with them. Several of the babies are adopted and a few go to Nurseries.

During the year 44 girls were admitted and 40 babies were born in the Home.

Puerperal Pyrexia

The Puerperal Pyrexia Regulations which came into operation in 1951 define puerperal pyrexia as "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." Under these Regulations 143 cases were notified.

Ophthalmia Neonatorum

Only 1 case of ophthalmia neonatorum was notified. Recovery left no impairment of vision.

The number of cases notified 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	—
1952	5	1.01
1953	4	0.84
1954	1	0.21

Maternal Mortality

There were 5 deaths associated with childbirth. Two of these are not included in the Registrar General's figures as the cause of death was not connected with pregnancy, and no mention of a recent confinement was made

in the death certificate. A sixth death (included in the Registrar General's figures) relates to a woman of 70, who is not included in this report. All the deaths occurred in hospital, 2 being emergency admissions. One baby was born alive prematurely, 1 woman died undelivered and the other babies were stillborn.

The maternal mortality rate for Cornwall is 1.01 calculated per 1,000 total births. The rate last year was 0.82.

The following are the rates for recent years:—

Year	Puerperal Sepsis		Other Causes		Maternal Mortality		
	No. of deaths	Rate	No. of deaths	Rate	Total Maternal Deaths	Rates Cornwall	Rates England & Wales
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
1952	—	0.00	7	1.40	7	1.40	0.72
1953	1	0.21	3	0.61	4	0.82	0.76
1954	—	—	5	1.01	5	1.01	—

As rates are apt to be misleading with such small figures the table below gives the quinquennial rates:—

		Cornwall	England & Wales
1935—1939	...	4.03	3.30
1940—1944	...	2.95	2.12
1945—1949	...	1.65	1.28
1950—1954	...	1.21	

Infant Mortality and Still-births

In 1954 the number of babies who died before reaching their first birthday was 101. 100 deaths were registered in the year giving an infant death rate of 20.92 per 1,000 live births. This again is a record low rate for Cornwall. The average rate for England and Wales is 25.5.

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

			Cornwall	England and 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
1952	...	...	30.53	27.6
1953	...	...	26.75	26.8
1954	...	...	20.92	25.5

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

		Cornwall	England and Wales
1935—1939	...	51.0	55.4
1940—1944	...	44.67	51.6
1945—1949	...	35.41	39.2
1950—1954	...	28.39	27.9

Five of the infants who died were illegitimate—giving a death rate of 23.81 per 1,000 illegitimate live births, as compared with a rate of 20.79 for legitimate babies.

There was a noticeable reduction in neo-natal deaths this year. The number of babies dying in the first 4 weeks was 60 (97 last year), giving a neo-natal death rate of 12.55 compared with 20.27 in 1953. Thirty-six of these babies died during their first day and another 13 died before they were a week old. More than half these deaths occurred in premature babies.

As many of the neo-natal deaths result from causes acting before or during birth, it is usual to consider deaths during the first week with stillbirths, the combination being called perinatal deaths. In Cornwall for many years there has been very little change in the stillbirth rate, until this year, when there is a rise to 157 (118 in 1953). The following table shows comparative rates per 1,000 population for recent years:—

Year	Cornwall	England and Wales
1940	0.49	0.55
1945	0.57	0.46
1950	0.37	0.37
1951	0.34	0.36
1952	0.34	0.35
1953	0.35	0.35
1954	0.50	

The following table shows the total of stillbirths and first week deaths in Cornwall for the past 5 years:—

Year	Infant Deaths in		
	Stillbirths	First Week	Total
1950	125	91	216
1951	116	87	203
1952	115	92	207
1953	118	85	203
1954	157	49	206

There is very little alteration in the sum of these perinatal deaths—the decrease in neo-natal deaths being balanced by the increase in stillbirths.

Prematurity is frequent in both neo-natal deaths and stillbirths. The following table gives the cause of this loss of life:—

	Neo-Natal Deaths		Stillbirths	
	Premature	Full term	Premature	Full Term
Prematurity only	22	—	25	—
Associated with maternal toxæmia	2	1	23	5
Difficult labour and birth injury	5	4	3	44
Congenital Malformation	—	8	6	7
Infection	1	3	—	—
Atelectasis	—	8	—	—
Other causes	2	4	16	12
Unknown	—	—	—	16
	32	28	73	84

The following table shows the place of birth:—

Born in	Neo-Natal Deaths		Stillbirths	
	Premature	Full Term	Premature	Full Term
Hospital	17 (140)	9	50	61
Nursing Home	— (2)	—	3	4
Home and died at home	6 (114)	10	20	19
Home and transferred to hospital	9 (18)	9	—	—
...	32 (274)	28	73	84

(Figures in brackets give the total number of premature births).

The number of babies who died between 1 and 12 months was 41 (31 last year). The causes of these deaths were:—

Respiratory infection	...	...	...	18
Gastro-enteritis	...	...	...	4
Other infections	...	...	...	8
Congenital deformities	...	...	...	7
Accidents	...	...	...	3
Other causes	...	...	...	1

Infection of the respiratory tract is still the chief cause of death at this age. The 4 babies who died of gastro-enteritis were all bottle-fed. Two of the accidental deaths were due to inhalation of food. These too were bottle-fed babies. Of the 41 only 2 had been breast-fed for more than a few weeks.

The number of infant deaths for the last 5 years is shown below:—

				Year				
				1950	1951	1952	1953	1954
Neo-natal deaths	...	...	...	91	87	92	85	49
(under 1 week)								
Neo-natal deaths	...	...	...	15	21	14	13	11
(1-4 weeks)								
Total neo-natal deaths	...	...	...	106	108	106	98	60
Infant deaths 1-12 months	...	...	...	38	55	43	30	41
Total infant deaths	...	...	...	114	163	149	128	101

Child Welfare Centres

There are 43 centres maintained by the County Council and 97 sessions are held each month.

No. of children attending	...	...	4,839	(4,516)
No. of attendances under 1 year	...	...	15,977	(16,031)
No. of attendances over 1 to 2 years	...	...	3,950	(5,508)
No. of attendances over 2 to 5 years	...	...	4,229	(3,971)
Total attendances	...	...	24,156	(25,510)

(1953 figures in brackets)

Although more children attended the centres there were fewer attendances than last year. It is interesting to note that more older children (2-5) attended in 1954. Although these centres cater for all pre-school children, there is always a drop in attendances after the first year, when the baby has passed the difficult early stages.

Centres continue to be held in towns and larger villages. During the year a new centre was opened at St. Dennis which is justified by the excellent attendances. All centres are staffed by school medical officers, health visitors and district nurses. In addition, many voluntary workers give their services

in clerical and other work. Their continued interest and assistance is most helpful and is much appreciated.

Centres are established for preventive work and are not intended for treatment. The chief value of centres is the regular supervision of healthy children during the period of their rapid development. Their greatest value is the advice and help given to the mothers. Follow-up visits by the health visitors to the homes ensure that the advice has been understood and directions are followed correctly. Health education is carried out in many of the centres.

There are also 2 centres provided by a voluntary association held each month at St. Mawes and Portscatho. The number of children attending these clinics was 126, making 377 attendances during the year.

Welfare Foods

On the 7th April, 1954, the Ministry of Health informed the Council that they wished to hand over to them the distribution of National Welfare Foods and that the date of the transfer would be 28th June, 1954.

Distribution was being made in the larger centres of population by local offices of the Ministries of Labour, Food, and Pensions and National Insurance, while in the smaller centres it was being carried out by volunteer distributors.

It had been the practice of these Ministry local offices to allow the issue of welfare foods at all times during office hours on every working day and it was quite obvious that although premises were available, neither the Health Department nor any other department of the County Council could spare the staff necessary to maintain distribution at the same level.

At this point the assistance of the Women's Voluntary Service was sought with the accustomed generous response, which meant that the main distribution centres could be transferred to County Council premises and staffed by W.V.S. members with the minimum curtailment of the former long hours of distribution. A central postal depot (also staffed by the W.V.S.) was established in Truro to deal with applications from persons all over the county who are genuinely unable to get to a distribution centre sufficiently regularly to obtain supplies.

Thus with the help of the W.V.S. and with the continued co-operation of the many former volunteer distributors in shops, clinics, and private residences—the whole distribution has been running smoothly with only three extra paid staff for the whole of the county. These three whole-time staff are the two Food Distribution Officers who undertake the ordering of the foods, arrangements for distribution and the stock-keeping records, (each for approximately half the county); and a third clerk who is responsible for counting and checking the coupons of the whole county.

During the first six months since the scheme was taken over by the County Council, the number of articles distributed was:—

National Dried Milk	Cod Liver Oil	Vitamin Tablets	Orange Juice
(tins)	(bottles)	(packets)	(bottles)
99,838	17,193	4,683	71,734

Family Planning Clinic

I am indebted to the clinic secretaries for the following reports:—

“ **Falmouth Clinic** was opened in 1951. There has been a slight reduction in the number of patients owing to the opening of the St. Austell branch at the beginning of the year.

“ During the year 44 clinic sessions were held. The number of patients seen was 576 (275 new). Twenty-seven patients were transferred to St. Austell.

No. of patients seen free or at a reduced fee = 28

No. of post orders = 603.

Analysis of reasons for patients attending:—

Medical	...	...	...	77
Housing	...	...	...	46
Financial	...	...	...	29
Spacing	...	...	...	121
Sub-Fertility	...	...	...	2
				<hr/>
				275
				<hr/>

“ The medical cases, of course, speak for themselves, but housing difficulties is still the cause of many patients seeking advice—young couples starting married life with “ in-laws ” or in 1 or 2 rooms, and there is still overcrowding, the worst case coming to our notice this year being a family of 11 in a 4 bedroomed house. Those patients who come for reasons of finance are fairly evenly divided between those young newly-married wives who are still working in order to save for a home and family, and those older women who have large families to provide for—in one case there was a family of 15 and in another 11 children. Of those patients coming for spacing 41 of them had families of 4 or over.”

“ **St. Austell Clinic.** There were 21 sessions at St. Austell clinic. There were 149 new patients, and 93 returned at least once.

“ The following analysis shows the reasons for attendances:—

Medical	...	...	...	29
Housing	...	...	...	6
Financial	...	...	...	3
Spacing	...	...	...	100
Others	...	...	...	11
				<hr/>
				149
				<hr/>

"A number of patients have been given advice and supplies free of charge when it is clear that the normal cost is beyond their financial resources. It is often such people who are in the greatest need of this service.

"The fact that many patients come from outlying districts shows that this clinic is satisfying an urgent need in the area."

Both clinics receive a grant from the County Council.

THE NURSING SERVICES

REPORT OF THE COUNTY NURSING OFFICER

It is gratifying to report that there has been a further slight increase in staff. At the end of the year there were 7 more nurses than at the end of 1953. This has enabled a satisfactory standard of work to be maintained and further progress to be made in some branches.

It is also good to be able to show a fall in the sickness rate, the total amount of sick leave being 1,578 days—an average of 8.8 days per person.

Nurses Employed by the County Council at 31st December, 1954:—

Administrative Staff

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

District Nurse-Midwives

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

Visitor's Certificate	38
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"Queen's" Nursing Sisters, S.R.N., S.C.M.	39
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State Registered Nurses, S.C.M., Health Visitor's

Certificate	4
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State Registered Nurses, S.C.M.	20
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State Certified Midwives, S.E.A.N.	34
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State Registered Nurse (part-time)	1
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Health Visitors

State Registered Nurses, S.C.M., Health Visitor's

Certificate	31
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State Registered Nurses, Health Visitor's Certificate	2
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178

Transport

Of the 178 members of the staff, 126 were provided with cars by the Authority, and 47 used their own.

Midwifery (Section 23)

Throughout the county domiciliary midwifery is combined with district nursing, and, except in the larger towns, with health visiting also.

Housing

Progress has been made in housing district nurse/midwives. Three more houses were acquired, one of which was bought. There are now under the control of the County Nursing Association 53 houses and flats, accommodating 89 members of the staff. Of these 28 are rented from Local Housing Authorities, 8 are rented privately, and the remaining 17 are the property of the County Council or District Nursing Association. Thirty-five of the 53 houses are furnished by the County Nursing Association and 15 are let unfurnished. The other 3 are rented furnished.

Refresher Courses

During the year 23 midwives attended refresher courses. The members of the staff are most appreciative of these courses. Apart from the knowledge gained through lectures and visits of observation, they enjoy the contact with colleagues from other parts of the country, which gives them an opportunity to discuss various modes of practice, and to gather new ideas which will be valuable in their work.

The co-operation between midwives and general practitioners is excellent. There are very few areas where there is not some satisfactory arrangement for doctor and midwife to see patients together, either at a clinic held at the doctor's surgery, or the midwife and doctor visiting the patient's house together.

Supervision

The Senior Assistant County Medical Officer (Maternity and Child Welfare) is the medical supervisor of midwives, and the County Nursing Officer, her deputy, and 7 assistants are the non-medical supervisors. All domiciliary midwives are visited by supervisors at least quarterly, and in addition, as frequently as may be necessary.

Regular visits by Supervisors	...	...	...	...	469
Other visits by Supervisors	...	...	...	...	512
Special visits of enquiry	...	...	...	...	263

During the year 198 midwives notified their intention to practise in the county.

Domiciliary Cornwall County Council	...	...	...	135
Domiciliary in private practice	...	...	...	22
Institutions—				
Hospital	...	...	...	33
Nursing Homes	...	...	...	5
Employed by Voluntary Organisations	...	...	...	3
				<hr/>
				198
				<hr/>

Deliveries attended by domiciliary midwives:—

	As Midwives	As Maternity Nurses	Total
Cornwall County Council			
Midwives ...	2,190	412	2,602
Independent Midwives ...	18	23	41
	<hr/> 2,208 <hr/>	<hr/> 435 <hr/>	<hr/> 2,643 <hr/>

Deliveries in Institutions:—

In Hospitals ...	1,849
In Nursing Homes ...	153
	<hr/> 2,002 <hr/>

Visits paid by County Council midwives:—

Ante-natal visits ...	27,901
Midwifery and maternity visits ...	53,266

Medical Aid forms sent in respect of:—

Mother during ante-natal period ...	158
Mother during labour ...	544
Mother during puerperium ...	131
Infants ...	132

Other statutory notifications were received as follows:—

Stillbirths ...	157
Deaths of Mothers ...	5
Infant Deaths ...	101
Artificial Feeding ...	399
Liability to be a source of infection ...	49

Journeys to Maternity Units:—

District midwives have undertaken journeys in escorting patients to Maternity Units. The time spent was:—

288 journeys undertaken between 8 a.m. and 2 p.m. ...	621½ hours.
446 journeys undertaken between 2 p.m. and 10 p.m. ...	1,081 hours.
540 journeys undertaken between 10 p.m. and 8 a.m. ...	1,309½ hours

Gas and Air Analgesia in domiciliary midwifery

	County Council Midwives	Independent Midwives
No. of midwives qualified to administer		
gas and air	134	9
No. of sets of apparatus	121	2
No. of cases—doctor present	330	8
No. of cases—doctor not present	1,757	3
No. of cases in which pethidine was administered by midwife:		
Doctor present	218	14
Doctor not present	873	2

Health Visiting (Section 24)

During the year 10 candidates were accepted for the health visitors' training course, and the number of qualified health visitors increased by 13. There were 124 part time health visitors (including 56 acting by virtue of a dispensation). The equivalent of whole time health visitors is 50.

The following figures show the work done by health visitors excluding visits to tuberculosis cases, which are referred to elsewhere:—

First visits to children under 1 year	4,482
Total number of children under 5 visited	23,042
Total visits to children under 1 year	62,973
Total visits to children 1-2 years	24,733
Total visits to children 2-5 years	45,211
Child Welfare Centres attended	2,510
Immunisation Clinics attended	235
Child Life Protection visits	80
First visits to expectant mothers	663
Total visits to expectant mothers	1,336
Other cases visited	16,187
Total number of households visited	17,405
Lectures and talks given	813
Demonstrations	380
Attendances at Minor Ailment Clinics	850
Attendances at School Medical Inspections	1,299
Attendances at Hygiene Inspections	3,022
Re-inspections and follow-up visits	4,758

In accordance with the recommendation of the Whitley Council 7 health visitors attended refresher courses.

Liaison with other workers

Throughout the year further progress has been made towards reaching a satisfactory relationship with general practitioners, hospital staffs and other workers in the National Health Service.

There has always existed a better opportunity in the rural areas for co-operation between the health visitor and the general practitioner, because the health visitor is also the district nurse. In the larger areas where full time health visitors are employed it has not been so simple, but gradually difficulties are being smoothed out. In some areas the general practitioners have set aside a day and time to discuss any problems; others are prepared to see the health visitors at their surgeries at a time convenient to both in order to exchange information. There are still some areas where there is room for improvement.

During the past year, with the co-operation of Dr. C. T. Andrews, consulting physician, and the matron of the Royal Cornwall Infirmary, it has been possible to make arrangements for members of the Public Health Staff to visit the Hospital on two days each week to accompany Dr. Andrews on his ward round. The staff have appreciated this very much.

Another link has been established through the lectures on the " Social Aspects of Disease ", which are now included in the new syllabus of the General Nursing Council. The students at the Royal Cornwall Infirmary and St. Michael's Hospital, Hayle, are being given these lectures by a member of the Public Health Staff, and they are arranged to coincide with the students' visits on the district.

In western Cornwall the Assistant County Nursing Officers visit the Geriatric Unit monthly. They report on home conditions of patients to be discharged, and follow up these patients and send reports to the hospital. Occasionally health visitors and nurses accompany the Assistant County Nursing Officers and are kept in touch with modern treatment in the wards. It is hoped to extend this useful liaison to the eastern part of the county.

Home Nursing (Section 25)

As previously stated home nursing is undertaken by district nurse-midwives.

During the year 13 nurses completed their " Queen's " district training course. There are 77 " Queen's " nursing sisters working in the county. Six nurses attended refresher courses in home nursing.

Work done by district nurses:—

No. of new patients:—

Surgical cases	...	...	...	...	...	...	2,992
Medical cases	...	...	...	...	...	...	8,154
Maternal complication			...	...	...	...	368
Infectious diseases (excluding T.B.)					...	...	202
Tuberculosis	...	...	...	...	...	...	231
Others	...	...	...	...	...	...	272
Total	...	...	...	...	...	...	12,219

Visits Paid:—

Surgical	...	...	...	...	...	...	44,843
Medical	...	...	...	...	...	...	136,957
Maternal Complication	...	...	...	...	...	...	3,355
Infectious diseases (excluding T.B.)	...	...	...	...	...	...	715
Tuberculosis	...	...	...	...	...	...	7,054
Others	...	...	...	...	...	...	626
<hr/>							
Total	...	...	...	...	...	...	193,550

These visits include 98,451 visits to 4,254 patients who were over 65 years of age, and 6,779 visits to 1,218 children under 5 years. 1,624 people received over 24 visits during the year—a total of 119,896 visits.

NURSING HOMES

Nursing Homes are registered and administered under the Public Health Act 1936. Regular visits are paid to Nursing Homes. Frequently extra visits are paid at the request of owners of Homes who want advice in dealing with their problems. During the year 69 visits were paid to Nursing Homes.

At the end of the year there were 11 Nursing Homes with 17 maternity beds and 114 beds for other cases. The number of babies born in Nursing Homes was 153 compared with 145 in 1953.

The registration of 2 Homes was cancelled, 1 at the request of the owner, the other owing to the death of the owner. No new registrations were made.

DISABLED AND OLD PERSONS' HOMES

Disabled and Old Persons' Homes are registered and administered under the National Assistance Act 1948. These Homes are for the accommodation of aged or other persons who are substantially or permanently handicapped by illness, injury, or congenital deformity.

At the end of the year 22 Homes for old persons were registered with the County Council, with accommodation for 284 old people. Two Homes were closed by the owners, and 4 new Homes were registered. There is also 1 Home for the Blind, providing accommodation for 29 blind persons.

During the year 105 visits were paid to these Homes. Many of these visits were at the request of the owners who wanted advice.

DOMESTIC HELP SERVICE

The Home Help Service established under Section 29 of the National Health Service Act is meeting an ever growing demand and it has again been necessary to increase the establishment in a number of centres.

There has been a small increase in the number of maternity and tuberculosis cases and a slight decline in the number of other cases, but requests for help for the aged and infirm, and chronic sick have risen and in 1954 home helps were employed in 1,244 households as compared with 1,151 in 1953.

The Women's Voluntary Service continues to operate the scheme throughout the county, each district having a local organiser who is responsible to the area health sub-committee and its medical officer for the day to day work in her centre. The Women's Voluntary Service Home Help Organisers have again proved the invaluable assistance that can be given to a local authority by a voluntary organisation. The Organisers' devotion to routine work which is often tiring and dull, and their knowledge of local conditions has been of the greatest assistance in building up the service.

Early in 1954 it was decided to centralize the financial part of the work, which from the appointed day in 1948 had been undertaken by some District Councils on behalf of the County Council, and I should like to express my thanks to those Councils for their co-operation.

Work with problem families has been extended and thanks to an anonymous gift which is administered by the Women's Voluntary Service County Organiser we have been able to purchase some second hand furniture, pots and pans, and soft furnishings which have been most helpful in this sphere of work. A record of these gifts is kept at the Health Area Offices. The Health Visitor, Home Help Organiser, and the Home Help work as a team in assisting the mother to upgrade her home and due to their supervision there have been a number of successes. In several instances the male home help has been most successful.

Although the largest demand is from the aged and infirm, this has not produced an undue strain on the service, as most of these people require only a few hours help each week. The work with the elderly brings a tribute to the service, and many feel that the Organiser and the Home Help are their friends.

Throughout the year there has been a decline in the number of full-time Home Helps employed, but this is off set by the additional number of part-time and spare-time helps employed. In a rural county, such as ours, it is more economical to have spare-time Home Helps in each village where the demand is spasmodic, and employ full-time and part-time helpers in the larger centres of population.

The following table shows the number of Home Helps employed and the number of cases served during the year.

	Number of Home Helps employed:			Number of cases served:			
	Whole time	Part time	Spare time	Matern- ity	Tubercu- losis	Chronic sick etc.	Others
Area No. 1 ...	5	3	28	23	6	109	36
Area No. 2 ...	8	27	12	38	5	138	52
Area No. 3 ...	20	11	19	63	13	119	111
Area No. 4 ...	2	18	38	49	5	53	130
Area No. 5 ...	1	—	11	23	1	14	8
Area No. 6 ...	—	1	27	12	—	18	28
Area No. 7 ...	—	9	26	20	6	48	46
Residential ...	4	—	1	62	—	—	8
	—	—	—	—	—	—	—
	40	69	162	290	36	499	419
	—	—	—	—	—	—	—

The following table shows the expansion of the service:—

Year	Number of Home Helps employed		Number of Cases Served	
	Full-Time	Part-Time		
1948 (6 months)	28	21		171
1949	49	30		718
1950	50	64	Maternity 284 Tuberculosis 19 Others 469	772
1951	50	85	Maternity 254 Tuberculosis 30 Others 559	843
1952	44	112	Maternity 292 Tuberculosis 21 Aged & Infirm 278 Others 358	949
1953	45	169	Maternity 281 Tuberculosis 26 Chronic sick including Aged & Infirm 377 Others 467	1,151
1954	40	231	Maternity 290 Tuberculosis 36 Chronic sick including Aged & Infirm 499 Others 419	1,244

I must again express my thanks to Lady Carew Pole, the Women's Voluntary Service County Organiser, and the voluntary Home Help Organisers for their splendid work throughout the year.

DENTAL SERVICE

The approved establishment of dental officers in Cornwall is 1 Chief Dental Officer and 11 dental officers.

The staff actually available to treat the priority classes stood, at the end of the year, at 1 Chief Dental Officer and $8\frac{6}{11}$ th officers. As approximately $\frac{1}{11}$ of a dental officer's time is allocated to inspection and treatment under the School Dental Service, it will be noted that in terms of full time officers, 0.6 of one officer's time was devoted to the treatment of mothers and pre-school children.

This year it is possible to report a substantial increase in the volume of treatment undertaken, a survey of which will be made later in this report.

There are at present 21 clinics throughout the county at which treatment for patients may be undertaken. 18 of these clinics are permanent clinics, whilst the remainder are clinics held in hired premises. During the year approval was given for the purchase of an additional X-ray machine for use by the dental officer in the Launceston district. As this machine is portable it can also be used at the Bude, Camelford and Delabole centres, thus saving the necessity of patients making lengthy journeys in this part of the County. The total number of clinics at which radiographic facilities are now readily available is 16. Patients who attend the other 5 clinics and who are in need of X-ray diagnosis, at present have long journeys to make to the nearest clinic at which an apparatus is installed. It is hoped to improve this situation in the future by the purchase of further machines of the portable type.

During the year an oral hygienist was appointed to the staff. Her work for this service was necessarily limited to those clinics at which two surgeries exist, as it is necessary for her to work under the immediate supervision of a dental officer. At present only 3 clinics in the County contain two surgeries, but it is expected that two additional second surgeries will be brought into use in the new year. This will enable treatment to be undertaken at 5 clinics, all of which will be within reasonable access of a main base. Useful work in dental health education has been undertaken by the hygienist in giving individual instruction to expectant and nursing mothers. Time allocated in this manner to chairside talks amounted to $6\frac{1}{4}$ hours. The total number of mothers treated by her was 18, whilst 36 attendances were made and 36 scalings and polishings carried out.

Group talks and discussions illustrated by film strips have been given to some members of the County nursing staff explaining the scope of the service and the advice to be given to mothers concerning oral hygiene and correct diet. The importance of tooth consciousness has also been brought to patients' notice by the display at some clinics of excellent posters published by the Ministry of Health which stress the importance of home care and the influence of diet upon the teeth.

A review of the statistical table shows a general increase in the number of cases treated and in the volume of work carried out this year. In some instances the increase is appreciable, e.g., the number of pre-school children treated is 103 more than in 1953, whilst the attendances made for treatment by mothers increased by 254 compared with the previous year.

It will be noted that well over twice as many general anaesthetics have been administered. The comparative totals being 30 cases in 1953 and 80 cases in 1954. A general anaesthetic is the method of choice when carrying out extractions for pre-school children, as it is not always possible to obtain the fullest co-operation of these very young patients which is so essential when giving a local injection. The majority of mothers prefer a general anaesthetic and this system has the great advantage of enabling all extractions to be done at one or two visits, an important consideration in a rural area where transport difficulties are frequent. The incidence of dental disease amongst the mothers examined is the high one of 97% and compares with 92% for the previous year. The fact that nearly every mother examined required treatment is an indication of the need for the priority service which exists for this section of the population. An analysis of the pre-school child figures gives a figure of 91% requiring treatment compared with 94% in 1953. This apparent reduction in dental disease incidence is possibly explained by the fact that a higher proportion of the 392 inspected this year is represented by children being brought to the clinics by parents seeking advice rather than attending for some specific condition such as cavity or pain in a tooth. The greater number of dentures supplied during 1954 is a natural corollary of the increase in the number of extractions required. All denture prosthesis is carried out at the County Council's central laboratory, the output amounting to 73 full dentures, 79 partial dentures, 11 repairs and 1 crown. Of the 79 partial dentures supplied, 14 were constructed in a chrome-cobalt alloy, the special properties of which were necessary, in these specific cases, in order to ensure a satisfactory and serviceable appliance.

It is heartening to be able to report that the service for mothers and young children has made progress during the year and provided the staffing position permits, this improvement should be maintained in the new year.

Dental Inspection and Treatment carried out for Expectant and Nursing Mothers and Children under School Age 1954

			Expectant and Nursing Mothers	Pre-School Children
Number inspected	...	...	225	392
„ needing treatment	...	...	220	360
„ treated	...	...	218	354
„ of attendances for treatment			854	559
„ made dentally fit	...	...	120	268
„ of extractions	...	...	654	199
„ of fillings	...	...	261	294
„ of scalings	...	...	41	—
„ of teeth treated with Silver Nitrate	...	...	—	367
„ of general anaesthetics			39	41
„ of local anaesthetics	...	...	188	77
„ of patients for X-ray examination	...	...	11	—
„ of dentures provided (Full)			73	—
„ of dentures provided (Partial)	...	...	79	—
„ of crown or inlays	...	...	1	—

AMBULANCE SERVICE

REPORT OF THE COUNTY AMBULANCE OFFICER

It will be seen from the statistics given that the demands made on the Services are increasing. Very often requests are received to convey patients to hospitals daily for treatment, (mainly physiotherapy or deep-ray therapy), and although this saves hospital beds, it increases the cost of the Ambulance Service. My thanks are due to the Control Room staffs for their co-ordination of journeys, and to the Hospital Management Committees for the way they have considered our problems, and for their valued co-operation.

Maintenance and Servicing

In January of this year, it was recommended that the responsibility for maintenance and servicing of the Ambulance Service vehicles be transferred from the County Fire Brigade to the County Ambulance Sub-Committee, who will make their own servicing arrangements embracing the County-owned cars of the County Nursing Service; and that the County Ambulance Officer have attached to his staff a Mechanical Supervisor and staff to assist him with this new service.

Vehicle Strength and Replacement

The County Ambulance Officer and the Mechanical Supervisor, after making a complete survey of the Ambulance Fleet, decided to recommend the replacement of five utilecons only.

Reciprocal Arrangements—Plymouth and South Devon

The arrangements made for the transport of infectious diseases cases and geriatric patients to Plymouth by the Plymouth Ambulance Service continues to work amicably. It has been arranged with the Devon County Council that the transfer of cases from the Lifton Area by the Cornwall Ambulance Service, and the transfer of cases from the Gunnislake Area by the Devon Ambulance Service be done on a "knock-for-knock" basis.

Ambulance Stations

No new stations have been built during the year under review. It is hoped that the new Ambulance Station now under construction at Penzance will be completed early in 1955.

Long Distance Transport

	1953	1954
No. of Patients carried by Ambulances and Utilecons ...	277	290
No. of Patients carried by rail (omitting patients for whom the County Council did not pay fares) ...	153	134

Voluntary Manning

During the year the voluntary personnel at Country Centres transported 4,139 patients, travelling 111,637½ miles, thanks to the keenness of the St. John Ambulance Brigade and the British Red Cross Society.

Civil Defence

The Ambulance Section has been renamed the Ambulance and Casualty Collecting Section because of its additional duties. These will include trained first aid teams going to an incident to assist in treating casualties and organising their removal, and being responsible for loading and unloading of stretcher cases at hospitals, railheads, or wherever a large number of injured persons have to be handled.

In view of this the Peace Establishment Figures for the County have been substantially increased and efforts have been made to recruit more volunteers. In some Sub-Divisions the response has been very good, with two British Red Cross Detachments enrolling, together with their officers.

Several exercises have been held throughout the County in which the Ambulance and Casualty Collecting Section have taken an active part. Valuable experience has been gained, particularly the one involving the raid on Plymouth, as it meant a large number of casualties being brought

across by boats and landed at Millbrook. This necessitated the setting up of a Casualty Clearing Point where the injured could be temporarily accommodated, pending segregation, and the arrival of ambulances to convey them to hospital. The Experimental Mobile Column was in Plymouth and helping in this exercise.

An ambulance has been purchased from the County Ambulance Service. After being fitted with four berth Civil Defence Stretcher Fitments and painted, it will be available for exercises and driving instruction.

Section training has continued throughout the County. Four of the seven Health Areas have done the full First Aid Course, and full Section Training.

Service Statistics

During 1954 the Service transported 138,446 patients and travelled 1,444,715 miles. During 1953 the total number of patients carried was 123,703, and 1,326,014 miles were travelled. The 1954 figures show an increase of 14,743 patients and 118,701 miles.

Ambulance Service			1953	1954
No. of patients carried	...	...	34,030	38,499
No. of miles travelled	...	...	489,523	550,493
Utilecon Service				
No. of patients carried	...	...	79,420	84,717
No. of miles travelled	...	...	690,386	666,453
Hospital Car Service				
No. of patients carried	...	...	10,253	15,230
No. of miles travelled	...	...	146,105	227,769

Hospital Car Service

The Hospital Car Service continues to function as an integral part of the Ambulance transport arrangements of the County, and experiments made in bringing patients to certain centres by Hospital Car Service and transferring them to utilecons have in some Areas worked successfully, but owing to the geographical situation of the hospitals and treatment centres it has not always been found economical.

Radio—Call Out

The Areas covered by radio have worked successfully, and the Ambulance Sub-Committee has recommended extending radio cover to Penzance and Newquay.

The following tables set out in detail the amount of work undertaken by each component of the service in each of the seven Health Areas of the County.

Ambulance Service

Area	Number of Patients Carried				No. of	
	Accidents	Emergency	Others	Total	Journeys	Mileage
Penzance ...	202	315	5,446	5,963	3,205	54,455
Redruth ...	285	875	7,929	9,089	4,669	87,304
Truro ...	274	403	7,161	7,838	6,174	97,879
St. Austell ...	389	955	4,012	5,356	2,789	88,248
Wadebridge ...	146	264	2,252	2,662	1,257	63,894
Launceston ...	111	565	2,060	2,736	1,300	79,399
Liskeard ...	191	584	4,080	4,855	2,372	79,314
	<hr/> 1,598	<hr/> 3,961	<hr/> 32,940	<hr/> 38,499	<hr/> 21,766	<hr/> 550,493

Utilecon Service

Area	Number of Patients Carried				No. of	
	Accidents	Emergency	Others	Total	Journeys	Mileage
Penzance ...	6	10	10,083	10,099	3,133	60,885
Redruth ...	5	—	19,088	19,093	5,669	120,657
Truro ...	18	11	17,427	17,456	7,746	127,427
St. Austell ...	15	21	10,236	10,272	2,459	88,988
Wadebridge ...	5	11	6,595	6,611	1,416	81,400
Launceston ...	3	17	8,909	8,929	1,304	95,802
Liskeard ...	4	6	12,247	12,257	1,519	91,294
	<hr/> 56	<hr/> 76	<hr/> 84,585	<hr/> 84,717	<hr/> 23,246	<hr/> 666,453

Hospital Car Service

Area	Total Patients		Number of Journeys	Mileage
Penzance	590	209	6,509
Redruth	788	329	11,364
Truro	2,220	846	27,678½
Wadebridge	5,161	1,746	59,585½
St. Austell	1,225	538	19,973½
Launceston	1,835	732	44,545
Liskeard	3,411	1,292	58,113½
		<hr/> 15,230	<hr/> 5,692	<hr/> 227,769

The total number of accident and emergency calls dealt with by the Service during the year was 5,691, making an average of one accident or emergency call every 92 minutes.

EPIDEMIOLOGY AND PREVENTIVE MEDICINE

A survey of the work of this Department is given below and in Table III at the end of the Report will be found the number of infectious diseases notified in each Sanitary District in the County during the year. In Table IV is given the total number of cases notified in recent years.

The year 1954 will be remembered in particular as the first year in which no case of Diphtheria was notified in the County, since the disease was first made compulsorily notifiable in 1899. The achievement is the more surprising when it is remembered that the average annual incidence, for the five years 1942-46, was 228, and the average annual number of deaths was 11. The prospect for the future is good only in so far as we can keep parents alive to the danger of a revival of the disease and ensure that their children are immunised. Active propaganda on these lines by members of the Health Committee will be of inestimable value.

The year is also notable for the depressing cold, wet summer and consequent low incidence of poliomyelitis. Ten cases only occurred during 1954, the lowest incidence in the past 8 years.

No outbreak of infectious disease, of any magnitude, occurred during the year. Whooping cough notifications remained much the same as in 1953, and it is too early yet for the whooping cough immunisation scheme, introduced last year, to show any effect on the incidence of the disease. Notifications of tuberculosis are down by 23% on 1953, an encouraging sign that preventive measures are at last reaping reward.

I have continued to act on behalf of the Regional Hospital Board, as Medical Superintendent of the County Isolation Hospital, Truro, 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

As already stated, no cases of diphtheria were notified in 1954.

The following table shows the immunisation state of the child population at the end of the year.

Number of children at 31st December, 1954, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January, 1940).

i.e. Born in Year Age at 31.12.54	1954 Under 1	1953-1950 1-4	1949-1945 5-9	1944-1940 10-14	Total Under 15
Last complete course of injections (whether primary or booster)					
A. 1950-1954 ...	565	12,429	18,032	13,587	44,613
B. 1949 or earlier ...	—	—	4,442	3,729	8,171
C. Estimated mid-year child population ...	4,800	19,000	48,220		71,020
Immunity Index (100 A/C) ...	11.8	65.3	65.6		61.9

Dysentery and Food Poisoning

There was a marked increase in the notifications of dysentery, largely due to an outbreak which occurred in the Looe area during the spring. None of these cases was severe and only two or three were admitted to the Isolation Hospital the remainder being diagnosed on clinical and circumstantial evidence, a difficult task.

No serious outbreak of food poisoning was encountered, but the overall incidence remains much the same. I have no doubt that improvement is possible.

Enteric Fever

No case of typhoid or paratyphoid was reported in 1954.

Measles

Some 550 cases occurred, so this must be considered a good year (there were 6,391 in 1953). At present, no prophylactic is available against this disease.

Meningococcal Infections

Seven cases of meningococcal meningitis were notified during the year, compared with two in 1953.

Poliomyelitis

A very low incidence of poliomyelitis may be attributed to the exceptionally bad summer. In all, 10 cases were notified and, of these, only five showed any paralysis.

The incidence of poliomyelitis in Cornwall in recent years is shown in Table IV, at the back of the Report.

Research continues, with the assistance of the Virus Reference Laboratory, to find the reservoir of infection in non-epidemic periods.

Acute Rheumatism

The incidence of acute rheumatism in persons under 16 years of age continues to decline, the number of cases ascertained in 1954 being the lowest since the disease was made notifiable in the County in 1950.

The following Table, based upon that required by the Rheumatic Fever Committee of the Medical Research Council, shows the classification of cases reported during 1954:—

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

Tuberculosis

To facilitate easy reference, the statistical tables dealing with tuberculosis have been arranged together at the foot of this section. It will be noted that, for the first time since 1950, there has been a marked fall in the incidence of new cases. It may not be out of place to give a brief resume of the policy we are at present pursuing against tuberculosis. This work may be considered under three headings:—

- (1) Finding and treating all established cases of the disease, together with the protection of all new contacts.
- (2) The building up of a tuberculosis free and protected school population, before they leave the shelter of school and home.
- (3) Improving the milk supply.

(1) Case finding

Case finding is the key-stone of all preventive measures in tuberculosis; unfortunately, the task is not easy.

Case finding may conveniently be divided into:—

- (a) Contacts of the known-infectior-pool, i.e. sputum positive cases on Chest Clinic registers—known to number approximately 27,000 in England and Wales.
- (b) The unknown-infectior-pool, i.e. unknown sputum positive cases amongst the general population, estimated to be some 34,000 in England and Wales.

(a) Let me emphasise that it is the known-infectior-pool which demands our first attention, and it is here that we get the quickest and greatest returns. We must strike at each new case, his known contacts and the conditions of life, both at home and at work, which enable him to pass on the bacillus. Only when we can say that every known case in the area has been traced to its source, the case and the source rendered non-infectious, and the contacts protected, are we justified in extending our search to the unknown-infectior-pool, and to preventive vaccination of the community at large.

This work falls largely on the shoulders of the Health Visitors. It is their job to trace every new case of tuberculosis to its source, persuade the contacts to attend the clinic for X-ray and persuade any who are susceptible to tuberculosis to have the protection of B.C.G. Vaccination.

(b) The unknown-infectior-pool presents a more difficult task, as it embraces the whole population. We can but fish on the fringes, choosing our water with care. A number of cases come to light at routine X-ray examinations, which are carried out on expectant mothers, diabetics, school teachers, nurses, etc. Further, we have the services of the Mass Radiography Unit which can be of more value if the terrain is chosen with care and propaganda carried out with due caution. Each year we are able to carry out Mass Radiography surveys in one or two towns in the County and each survey may be expected to bring to light some 15 to 20 previously unknown, but infectious, cases of primary tuberculosis.

(2) Protection of School Leavers

Mantoux Testing, Mass Radiography and B.C.G. Vaccination, where indicated, were offered to all children in their 14th year residing in the western half of the County three years ago, and for the past two years the whole county has been covered by this scheme. The task has not been easy, the most difficult problem being transport. In all, there are some 4,000 children in their 14th year scattered amongst 45 Grammar and Secondary Modern Schools and 132 All-age Primary Schools.

The procedure is briefly as follows:—An explanatory letter incorporating a form of consent with a copy of N.A.P.T. Leaflet, No. 59—"To Mother and Father"—is distributed through the Head Teacher in each school, to

the parents of all children in the age group. After allowing 10 days for the return of the forms, the Head Teacher forwards all completed forms, together with a list of any children for whom forms have not been completed, and a B.C.G. Record Card (B.C.G.4) is prepared for all acceptances.

The Mass Radiography Unit visits 12 centres, scattered throughout the County. For the most part, the centres are Grammar Schools in the main towns. Children from outlying districts are brought to the Centre by bus, and one hundred children report to the Mass Radiography Unit each hour. Mantoux Testing is carried out by School Medical Officers and Area Medical Officers. Three days later, the children are assembled at the nearest Grammar or Secondary Modern School, where the Chest Physician attends to read Mantoux Tests and to carry out vaccination, where necessary.

The division of labour works very smoothly. It avoids the employment of additional staff and has the advantage of bringing in Chest Physicians as active partners in preventive measures; the value of this cannot be overstressed and has its indirect effects in routine clinic work.

In the smaller and isolated schools, where transport to the B.C.G. Centre would be too costly, vaccination is undertaken at the schools by the Area Medical Officer or Deputy County Medical Officer.

When this scheme was first operated, the schools were revisited some eight weeks after vaccination and a post B.C.G. Mantoux Test (10 I.U.) was carried out; but it soon became clear that the work was wasteful of the doctor's time and unnecessary, as at least 97 per cent. of the children showed tuberculin conversion.

Moreover, the procedure was most unpopular with head teachers, as it involved further interrupting the school curriculum for another two days. It was, therefore, decided to postpone the post-vaccination test until the following year, when it could be carried out at the same time as that year's pre-vaccination Mantoux Tests. The only disadvantage of this method is that, should a vaccinated child develop tuberculosis in the first year after vaccination, we now have no record of whether tuberculin conversion had taken place. I feel, however, that the risk must be taken in order to reduce the work imposed on school medical officers and to preserve the good will of the school teachers.

A five-year follow-up is planned, and I have little doubt that this will prove the most difficult hurdle of all. When a child attends a year after vaccination for his post-vaccination Mantoux, he also passes through the Mass Radiography Unit. At this visit the child receives a personal card showing the work carried out to date and the approximate date on which he should attend for his final check.

(3) Milk Supply

Whereas respiratory tuberculosis is contracted from contact with a established case of the disease, non-respiratory tuberculosis is contracted for the most part from tuberculous milk. A glance at the table of new notifications will show us that, despite the excellent nutritional value of

much of our milk, it has in the past been the medium for the spread of far too much non-pulmonary tuberculosis. Thanks to the increased supply of pasteurised milk, particularly to schools, there has been some slight improvement in recent years in this state of affairs, but we must continue to press for the inclusion of the County as a designated area where nothing but pasteurised or T.T. milk may be sold.

At the end of the year there were 2,414 cases of tuberculosis on the notification register, an increase of 110 over the previous year. This figure includes 283 cases notified during the year, as compared with 368 cases notified in 1953.

The following table shows the new cases notified and the mortality from tuberculosis during 1954:—

Age Period	New Cases Notified				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0— 1 ...	—	—	—	1	—	—	—	1
1— 5 ...	6	4	1	1	—	—	—	—
5—15 ...	15	11	10	8	—	1	—	—
15—45 ...	70	62	4	10	12	8	1	—
45—65 ...	36	17	3	1	20	4	2	1
65 and over	14	7	—	2	19	2	—	2
	141	101	18	23	51	15	3	4
	242		41		66		7	
	283				73			

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

Year	CORNWALL Number of Deaths			CORNWALL Death Rates			ENGLAND & WALES Death Rates		
	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms
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	0.40	0.05	0.45
1950	108	18	126	0.32	0.05	0.37	0.32	0.04	0.36
1951	85	16	101	0.25	0.05	0.30	0.27	0.04	0.31
1952	77	9	86	0.23	0.03	0.25	0.21	0.03	0.24
1953	58	13	71	0.17	0.04	0.21	0.18	0.02	0.20
1954	66	7	73	0.19	0.02	0.21			

The following table shows the new notifications of tuberculosis in Cornwall during 1945—1954:—

New Notifications of Tuberculosis

Year	RESPIRATORY			NON-RESPIRATORY			ALL FORMS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1945	132	80	212	17	17	34	149	97	246
1946	122	76	198	10	16	26	132	92	224
1947	110	72	182	15	13	28	125	85	210
1948	145	107	252	17	18	35	162	125	287
1949	141	121	262	27	20	47	168	141	309
1950	143	99	242	22	7	29	165	106	271
1951	139	108	247	25	34	59	164	142	306
1952	165	110	275	20	33	53	185	143	328
1953	160	141	301	35	32	67	195	173	368
1954	141	101	242	18	23	41	159	124	283

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 Chest Physician.

If a domiciliary visit is necessary, this is arranged by the Health Visitor. The Chest Physician 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 recommendations the Chest Physician 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 decisions 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.

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 Chest Physicians, 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

During the year the County Council was financially responsible for the training of 4 patients in Village Settlements.

Other Types of Illness

Health Visitors undertake a great deal of work in visiting patients notified by hospital almoners as needing follow-up and arrange for the provision of the services available from both statutory and voluntary sources.

During the year the Health Visitors attended 995 Chest Clinic Sessions and 41 sessions were attended by supervisory staff.

A total of 7,256 visits were paid by Health Visitors to the homes of tuberculous persons, and 23 visits were also paid to patients in Tehidy Chest Hospital.

HEALTH EDUCATION

That there is an increasing appreciation for the need for health education is shown by the numerous requests for lectures and demonstrations from so many organisations. Good health is a very positive condition. It implies more than the mere absence of disease, and can only be achieved by active personal effort. Throughout the County doctors, health visitors, and nurses of the Health Department give many lectures. Mothers' Clubs, Ante-Natal Clinic, Parent-Teachers' Associations, School Classes, Youth Clubs, Women's Institutes, Young Wives' Clubs, Girl Guides, Civil Defence personnel, Women's Voluntary Service, The British Red Cross Society and the St. John Ambulance Brigade are some of the audiences. One of the most important functions of modern Child Welfare Centres is health education. There are also 31 Mothers' Clubs where health visitors undertake this work. These are held at separate sessions from the Centres, and sometimes there is an evening session. Health education has been introduced into Keep Fit classes, discussions being held, and demonstrations given between exercises.

Some midwives hold mothercraft classes where expectant mothers practise relaxation exercises, and are instructed in the progress of normal labour with the help of a birth atlas. This knowledge allays the fears a woman feels for the unknown, and by relieving dread and tension makes labour easier. Mothers are also instructed in the use of the gas and air machine, so that they are familiar with it when needed. There are 11 such midwives' classes, and 487 women attended them during the year.

Ever increasing use is made of the County ciné projector and film strip projectors. These visual aids are most effective and memorable ways of illustrating a talk. There are many excellent films and film strips which can be hired. The following film strips are owned by the County Council and are in frequent use:—

What Food Infections are.	Why Wash?
The Food Handler's Part.	Fighting Infection.
Hygiene in the Kitchen.	Prevention of Tuberculosis.
Home Safety.	Personal Hygiene.
Burns and Scalds.	Care of the Teeth.
Ante-Natal Care.	Eyes to see With.
Domiciliary Midwifery.	Balanced Diet.
Administration of Analgesia.	Burns and their Treatment in
Care of the Premature Baby.	District Nursing Practice.
Training a Student District	Elementary Dietetics.
Nurse.	Baby's Daily Routine.
Barrier Nursing.	Preparation for the Newcomer.
Non-Touch Technique.	Diphtheria Still Kills
First Aid Part I.	Care of the Aged and Handi-
First Aid Part II.	capped—Rehabilitation.
Water.	Breast Feeding.
Clean Milk.	

Attractive demonstrations and flannelgraphs are also used to make talks more impressive. Below are some of the topics introduced into health education:—

Gas and Air Analgesia.	Skin and Nails.
Relaxation.	Infection and Prevention.
Preparation for labour.	Common Ailments.
Birth Atlas.	Prevention of Home Accidents.
Ante-Natal Care.	Road Safety.
Clothing.	Food Poisoning.
Diet and food values.	Posture.
Vitamins—Deficiency diseases.	Child's Interest.
Exercises and breathing.	Toys (dangerous toys).
Sleep.	Good Manners.
Ears, Nose and Throat.	Psychological Disorders — Tem-
Eyes.	per tantrums.
Teeth.	The Family.
Feet.	Preparation for Breast feeding.

Mothercraft.	Normal Development.
Homecraft.	Flies.
Care of Baby.	Artificial Feeding and Care of
Life after Forty.	Feeding Utensils.
Care of Old People.	Common Cold and Influenza.
B.C.G. Vaccination.	Poliomyelitis precautions.
Diphtheria, Smallpox and	Quiz on Parentcraft.
Whooping Cough Prophylaxis.	

In the spring we again had a two-day conference held by the Central Council for Health Education at St. Austell. The topic was "The Fate of the Family." The course was well attended by health visitors and nurses from all parts of the County. The Central Council also held a course on "The Adolescent" for the staff of the Children's Department and an evening meeting for teachers on "Furthering Health Education in Schools." These courses are stimulating, inspiring and most helpful to the staff in the work of health education. In addition to hearing of new ideas and methods in teaching, many find encouragement and confidence in themselves from these courses. Sometimes, hidden talents are discovered.

MENTAL HEALTH

1. Administration

(a) Committee

Since the 5th July, 1948, the Mental Health Sub-Committee has been responsible to the County Council for the administration of the Mental Health services. This Sub-Committee has done much in the formation of a comprehensive scheme from the rather disjointed functions which existed prior to the operation of the National Health Service Act. The functions of the Mental Health Sub-Committee have now been merged with those of the Welfare Sub-Committee. This merger became effective on the 28th September, 1954, and the Welfare Sub-Committee is now responsible for all matters pertaining to Mental Health. The Chairman of the former Mental Health Sub-Committee has become a co-opted member of the new Committee. Meetings are held at quarterly intervals.

(b) Staff

1954 has been an eventful year as it has seen the final amalgamation of the Mental Health and Welfare field staff. In the main all field work is done by Officers combining the duties of Duly Authorised Officer, Mental Health Visitor and Welfare Officer in accordance with Part III of the National Assistance Act, 1948. There is one such Officer in each of the seven Health Areas of the County, with one Officer based centrally to carry out holiday relief and emergency duties. The seven field Officers also act as Collectors under the Children Act, 1948, and the National Assistance Act.

Another event I am very pleased to record is the appointment of two teachers for work amongst mental defectives in the community. Both hold

the Diploma of the National Association for Mental Health, and details of their work will be given later in this report.

The remainder of the Mental Health staff is the same as shown in my last report. The County Psychiatrist undertakes Child Guidance and Mental Deficiency Clinical work on a 50% apportioned basis, and the Senior Mental Health Worker, who has been redesignated County Mental Health Officer, is responsible for the administrative work and general supervision of the Service. The Psychiatric Social Worker continues to devote her full time to Child Guidance work, and the female Mental Health Worker undertakes duties in connection with the supervision of mental defectives and female after care work.

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

As in the past, liaison between the Local Health Authority and the South Western Regional Hospital Board has been excellent, and this can be said also of the local Hospital Management Committees. There are no arrangements for the joint use of staff, but co-operation between Officers has been most cordial. A very strong link exists between the Royal Western Counties Institution and the County Council, and our mutual friendship is to the benefit of the patient. A considerable amount of after-care work is done on behalf of St. Lawrence's Hospital, Bodmin, and here again the co-operation between the Hospital on the one hand and the Local Authority on the other is with one aim in view, to benefit the patient.

One hears and sometimes reads of a lack of co-ordination between Hospitals and Local Authorities. At times the cry goes up for the duties of one to be taken over by the other. As far as the Mental Health Service is concerned, I am convinced that there is room for both Authorities to play a major part in the care and welfare of those less fortunate members of the community who need our help. Co-ordination between Hospitals and Local Authorities is however vital, if overlapping is to be prevented.

(d) Duties Delegated to Voluntary Associations

No duties in connection with the Mental Health Service have been delegated to Voluntary Associations. I must place on record, however, that but for the assistance of the National Association for Mental Health, it would not have been possible to obtain the services of two qualified teachers for mental defectives, advertisements in the first instance proving quite fruitless.

2. Account of Work Undertaken in the Community

(a) Prevention of Mental Illness, Care and After-Care

Apart from general health education, the main function of preventive work in Mental Health is carried out by the Child Guidance Service. The County Psychiatrist, Educational Psychologist and Psychiatric Social Worker form a team to investigate behaviour disorders in children, and regular clinical sessions are in progress throughout the County. The special

unit for in-patient treatment of seriously disturbed children at Tone Vale Hospital, Taunton, is of great benefit, and obviates admission to an adult Mental Hospital.

A steady volume of after-care work has been done during the year in respect of patients discharged from Mental Hospitals, and guidance and help has been given to patients discharged from the provisions of the Mental Deficiency Acts.

(b) Initial Proceedings by Authorised Officers

All Area Duly Authorised Officers are now responsible for the day to day work of the Mental Health and Welfare Services in their respective Areas. During the year the arrangements for admissions to Mental Hospitals have been conducted with the efficiency and tact which one rather automatically associates with these Officers, all of whom have had long experience in this branch of the work. Wherever possible Voluntary admissions are arranged and the procedure of Certification is used only where it is apparent that no other course will suffice. In general liaison between the Authorised Officers and the general Medical Practitioners is excellent. Cases do occur, however, where the Practitioner seems to think that the Authorised Officer has no duties other than admitting patients to Mental Hospitals. It is rather discouraging to be called out by a Practitioner during the already limited hours of leisure to what is described as an urgent case, to find that the patient could well have been dealt with in the normal course of duty without urgency. The Mental Hospitals too, do not welcome night and weekend admissions, unless of course the needs of the case indicate immediate action.

(c) Mental Deficiency Acts, 1913-38

(i) Ascertainment and Supervision

The ascertainment of new cases of mental deficiency, and the supervision of all cases in the community, has continued to operate smoothly throughout the year. The total number of new cases reported was 79, and this number has shown no significant deviation during the past few years. Cases reported by the Education Authority represented roughly 60% of the total number. There has been an increase in the number of cases brought to notice by the Police or Courts. This is I think due to a growing awareness of the work of the Mental Health Service, and does not represent an increase in mentally deficient offenders.

Supervision has been carried out by all members of the Mental Health field staff, and in the main regular visitation and guidance is appreciated by the relatives of patients. All new cases are now notified to the appropriate general Medical Practitioner, and in the case of children reported for supervision after leaving school, liaison is established with the Youth Employment Service. The Probation Officer is notified also in case the patient later comes in conflict with the Law. During 1954, 3 unmarried patients under supervision gave birth to illegitimate children, and 1 male and 3 females have married.

(ii) Guardianship

There has been very little change in the number of patients under Guardianship. In my last report, I mentioned that an increase was anticipated, in view of the proposal to transfer licence cases unfit for discharge after 2 years on licence to Guardianship. During the year all licensed patients whose cases were considered have been deemed fit for discharge, and I wonder whether the provisions of Guardianship will be used as much as was perhaps thought for this class of patient.

(iii) Admissions to Institutions

At the end of the year under review, 19 patients were awaiting admission to Mental Deficiency Hospitals, compared with 32 at the end of 1953. When it is considered that over 100 Cornish patients were on the awaiting admission list some four years ago, the reduction in numbers is amazing. During 1954, 49 mental defectives were admitted to Institutions for care and training, the majority of these going to the Royal Western Counties Hospital Group. The position has not yet been reached where admission without delay is assured, but the signs are most encouraging. My thanks are due to the Medical Superintendent, Secretary and Staff of the Royal Western Counties Institution for their assistance, so readily given in all cases, and it is indeed a pleasure to co-operate with them.

(iv) Occupation and Training

At last I am able to record, with satisfaction, that the training of mental defectives has commenced. True, the resources available are small when compared with the needs of the County. Within the financial limitations which must prevail, however, a healthy scheme of training has been started.

It is generally recognised that the ideal method of training is by way of Occupation Centres operating 5 days each week, and the method of training individual children in their homes is of very limited value. Our resources did not permit Occupation Centres, but only allowed for the appointment of two Teachers. A scheme has therefore been drawn up whereby part-time group centres are used for training purposes as an economical medium between Home Teaching and full Centres. Two Teachers, both holding the Diploma of the National Association for Mental Health, have taken up duty; and three group centres have been organised provisionally at Hayle, Falmouth and St. Austell. Each of these centres operates 2 days weekly and is organised on the lines of the full time Occupation Centre. Mid-day meals are provided by the Education Authority, and the children are conveyed to and from the centres by the Hospital Car Service. Voluntary help in the Centres and in escorting the children on the journeys to and from the centres has been forthcoming from many sources, both official and unofficial. I am very grateful to these helpers who by their assistance are providing a most useful social service.

When considering the question of training throughout the County with the facilities available, it was obvious that only a proportion of the defectives could be dealt with. It was decided that the need was greatest in respect of the child excluded from school, and although no hard and fast rule is applied, this group is being trained first. Initially some 26 defectives are being catered for in the 3 group centres, and the teachers are supplementing this work with some Home Training in selected cases, particularly in the scattered areas of North and East Cornwall.

It is far too early to comment on the benefits of training, but the following is an extract from a letter received from the parents of one of the children:—

" We would like to express our appreciation to the Authorities responsible for starting a training centre for mentally defective children. Our little boy has benefited by the two days a week he has spent there. We have seen how happy he is and how he looks forward to the arrival of the car to take him to ' school '."

The present training facilities are quite inadequate to meet the needs of Cornwall as a whole, but as I realise only too well, progress must be balanced against the prevailing financial conditions. Suffice to say that this valuable and necessary part of the Mental Health Service will receive every consideration in the future.

Mental Health Statistics at 31st December, 1954

(The figures in brackets indicate the numbers at 31.12.1953).

1. Mental Patients

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

Name of Hospital	Certified		Voluntary		Temporary		Section 11 or 20.		Section 21.		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
St. Lawrence's Hospital	55	101	67	117	—	3	4	2	25	29	151	252
Bodmin.	(55)	(120)	(60)	(92)	(1)	(1)	(—)	(4)	(7)	(11)	(123)	(228)
Moorhaven Hospital	1	—	1	3	—	—	—	—	1	2	3	5
Devon	(—)	(1)	(3)	(1)	(—)	(1)	(—)	(—)	(—)	(—)	(3)	(3)
	56	101	68	120	—	3	4	2	26	31	154	257
	(55)	(121)	(63)	(93)	(1)	(2)	(—)	(4)	(7)	(11)	(126)	(231)
Total admissions during 1954 by Duly Authorised Officers ...											411	(357)

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

Name of		Certified		Voluntary		Temporary		Total	
Hospital		M.	F.	M.	F.	M.	F.	M.	F.
St. Lawrence's									
Hospital		56	101	196	315	1	3	253	419
Bodmin.		(55)	(120)	(191)	(284)	(1)	(2)	(247)	(406)
Moorhaven									
Hospital		—	—	24	27	—	1	24	28
Devon		(—)	(2)	(30)	(31)	(—)	(—)	(30)	(33)
		56	101	220	342	1	4	277	447
		(55)	(122)	(221)	(315)	(1)	(2)	(277)	(439)
Total admissions during 1954 of Cornish Patients								724	
								(716)	

(c) Number of Cornish Patients in Hospitals at 31st December, 1954.

Name of		Certified		Voluntary		Temporary		Total	
Hospital		M.	F.	M.	F.	M.	F.	M.	F.
St. Lawrence's									
Hospital,		386	564	113	173	—	—	499	737
Bodmin		(402)	(548)	(78)	(119)	(—)	(—)	(480)	(667)
Moorhaven									
Hospital,		4	2	8	11	—	—	12	13
Devon.		(4)	(5)	(8)	(8)	(—)	(—)	(12)	(13)
		390	566	121	184	—	—	511	750
		(406)	(553)	(86)	(127)	(—)	(—)	(492)	(680)
Total of Cornish Patients in Hospitals on 31.12.1954								1,261	
								(1,172)	

(d) Admissions of Cornish Patients aged 70 years and over to Mental Hospitals during the year. (These figures are included in the numbers given under (b)).

Name of		Certified		Voluntary		Temporary		Total	
Hospital		M.	F.	M.	F.	M.	F.	M.	F.
St. Lawrence's									
Hospital,		26	53	14	27	—	1	40	81
Bodmin		(18)	(44)	(16)	(20)	(1)	(—)	(35)	(64)
Total						...	...	...	121
									(99)

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)	13 (10)	13 (9)	26 (19)
(b) Section 57(4)	— (—)	1 (—)	1 (—)
(c) Section 57(5)	13 (18)	10 (10)	23 (28)
(2) Reported from other sources and ascertained as Mental Defectives	11 (12)	18 (10)	29 (22)
Totals	37 (40)	42 (29)	79 (69)

(b) Cases residing in the Community.

Type of Case	M.	F.	Total
(1) Under Statutory Supervision ...	257 (258)	245 (226)	502 (484)
(2) Under Friendly Supervision ...	9 (11)	12 (14)	21 (25)
(3) Under Guardianship	5 (5)	7 (8)	12 (13)
(4) On Licence from Institutions but supervised by County Council ...	9 (6)	9 (9)	18 (15)
(these figures also included in Table (e)).			
Totals	280 (280)	273 (257)	553 (537)

(c) Cases awaiting admission to Institutions.

Classification	M.	F.	Total
(1) Over the age of 16 years.			
(a) Idiots	3 (3)	1 (1)	4 (4)
(b) Imbeciles	— (7)	1 (1)	1 (8)
(c) Feeble-minded persons ...	— (4)	— (3)	— (7)

Classification	M.	F.	Total
(2) Under the age of 16 years.			
(a) Idiots	3 (5)	2 (3)	5 (8)
(b) Imbeciles	5 (3)	1 (2)	6 (5)
(c) Feeble-minded persons ...	1 (—)	2 (—)	3 (—)
Totals	12 (22)	7 (10)	19 (32)

(These figures include 3 males and 1 female of idiot grade under the age of 16 at present in an Approved Home, where they can remain until they reach the age of 6 years).

(a) Admissions to Institutions during the year.							
Name of Institution	Mental Deficiency Acts, Sections 3, 6, 8, or 9		Mental Deficiency Acts, Section 15		Total		
	M.	F.	M.	F.	M.	F.	
Royal Western Counties Hospital Group ...	23 (13)	17 (14)	— (—)	3 (1)	23 (13)	20 (15)	
Other Institutions ...	4 (13)	3 (3)	— (5)	1 (—)	4 (18)	4 (3)	
Totals ...	27 ... (26)	20 (17)	— (5)	4 (1)	27 (31)	24 (18)	
Total admissions during 1954 ...					51 (49)		

(In addition to these figures 2 males and 1 female patient were admitted to an Approved Home, and 6 males and 1 female to temporary care under Circular 5/52).

(e) Cases in Institutions (Including Licence Cases)

Name of Institution	M.	F.	Total
Royal Western Counties Hospital ...	176	159	335
Group	(162)	(145)	(307)
Other Institutions	85 (75)	38 (33)	123 (108)
Cases in other Institutions in "Place of Safety" accommodation ...	2 (4)	1 (1)	3 (5)
Totals	263 (241)	198 (179)	461 (420)

WELFARE SERVICES

THE AGED AND THE INFIRM

1. Survey

The National Assistance Act, 1948, which came into operation on the 5th July, 1948, substituted for certain existing services a comprehensive scheme of assistance and welfare service which completed the main pattern of the new social legislation. The Act achieved the final break-up of the Poor Law and created entirely new services founded on modern conceptions of social welfare.

It is the duty of the County Council to provide residential accommodation for persons who, by reason of age, infirmity, or other circumstances, are in need of care and attention not otherwise available to them; and also to provide temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen (e.g. as a result of fire or flooding), or in such other circumstances (e.g. eviction) as the authority may in any particular case determine.

Sick persons who need treatment in hospital are the responsibility of the National Health Service, and those for whom the Council are responsible comprise many types of elderly, infirm, disabled, or sub-normal people who are unable to lead a normal home life. The provision to be made by the Council includes all necessary care, maintenance, and amenities for such people.

The accommodation required for this, is to be provided in homes or hostels designed to meet the varying needs of the persons concerned. The Act requires the Council, in the exercise of their duty, to have regard to the welfare of all persons for whom accommodation is provided, and in particular to the need for providing accommodation of different descriptions suited to the different types of persons requiring accommodation.

The Council in 1948 (amended on 25th February 1949) submitted a Scheme to the Minister of Health for the exercise of their functions under the Act.

At the appointed day there were approximately 270 persons in residential accommodation at the former Public Assistance Institutions, i.e. Mount View, Madron; Meneage House, Helston; Budock House, Falmouth; Barncoose House, Redruth; Sedgemoor Priory, St. Austell; Lamellion House, Liskeard; and Pages Cross House, Launceston.

With the exception of Sedgemoor Priory, St. Austell, all these Institutions were transferred to the Ministry of Health on the 5th July, 1948, as the larger proportion of persons in each Institution were sick and in hospital wards. Sedgemoor Priory is the only one which remains the property of the Council.

The West Cornwall Hospital Management Committee have the right to use 45 beds in Sedgemoor Priory, St. Austell, for Hospital purposes, and the County Council have the right to use a limited number of beds in each of the other Institutions for Part III accommodation, excepting in Mount View, Madron, which has been closed and the premises sold by the Minister of Health.

The Welfare Department was put under the control of the Health Department of the County Council on 1st April 1952, but the integration of the services was not consummated until February 1954. This Report, therefore, is the first which contains an account of the Welfare Services.

2. Accommodation Provided

(i) By the County Council

The County Council have provided three Residential Homes in the County, namely:—

St. Michael's, Penzance (Matron—Mrs. E. J. Arnold) ...	20 beds.
Endsleigh, Newquay (Matron—Mrs. M. M. Salmon) ...	28 beds.
Polvellan, Looe (Matron—Mrs. D. B. Clinton) ...	36 beds.

These Residential Homes are intended for elderly persons of both sexes (including married couples) who, although fairly active, are, by reason of advancing years and other causes, no longer able to live on their own. In the words of the National Assistance Act, 1948, Section 21(1) they "are in need of care and attention which is not otherwise available to them". Every endeavour is made to provide a "home" in the true sense of the word where everyone will be made to feel at home because of the consideration and kindness of the staff whose chief concern (as it is of the County Council) is the comfort and happiness of the residents. There are no irksome rules or regulations, visitors are welcome at all reasonable hours, and residents have complete freedom to come and go as they please within reasonable limits.

In accommodation provided under Part III of the 1948 Act and under the control of the County Council the following amenities are enjoyed by the residents:—

Wireless (plus Television at Endsleigh presented to the Home by the Daily Mirror).

Newspapers, periodicals and Books;

Pictures, changed periodically by the Red Cross Lending Library at St. Michael's and Polvellan;

Chiropody;

Tobacco and Sweets for men at Sedgemoor Priory, with an additional allowance as an acknowledgment of any help given in the house and garden;

Sweets for women at Sedgemoor Priory.

Local organisations in each of the towns where there is an Old People's Home contribute greatly to the happiness of the residents by visiting the Homes, providing entertainments, outings, etc. In this connection, special mention must be made to the " Friends of Sedgemoor Priory " whose visits and gifts to Sedgemoor Priory are very much appreciated.

During the year 1954 the County Council approved a Scheme costing approximately £40,000 for structural alterations at Sedgemoor Priory which, whilst not increasing materially the number of beds there, will improve very considerably the standard of comfort of the residents and staff.

During the year under review, Endsleigh, Newquay, became fully occupied, and remained so until the end of the year.

After a protracted period of waiting whilst alterations (including the installation of central heating) were carried out, Polvellan, West Looe, was officially opened on September 9th, 1954, by Mr. W. G. Old, County Alderman and Chairman of the Welfare Sub-Committee. This Home was partly furnished in the year 1954 and has accommodation for 36 residents and four staff. The bedrooms for the residents are made up of:—

- 12 single rooms
- 6 rooms with 2 single beds
- 4 rooms with 3 single beds

The other main residents' rooms include a large dining room pleasantly situated at the front of the house, a spacious lounge and an entertainments room which is somewhat dark, but could be made lighter by the lopping of trees at the back of the premises.

An encouraging feature at Polvellan (as indeed at other Homes) was the kindly interest taken in the residents at Christmas by local organisations.

(ii) By Voluntary Associations

Various Voluntary Associations have also provided Residential Homes in the County as follows:—

Perran Bay Hotel, Perranporth, by the Cornwall Old People's Housing Society Ltd.	... 40 beds
Downs View, Bude, by the Bude-Stratton Aged People's Welfare Society Ltd.	... 17 beds
Caprera, St. Austell, by the Fred Lovering's House Ltd.	... 28 beds
Eventide Home, Liskeard, by the Liskeard Eventide Home Ltd.	... 22 beds
Malabar Home for the Blind, by the Cornwall County Association for the Blind	... 29 beds
Home of the Epiphany, St. Agnes	... 20 beds

The Malabar Home for the Blind was extended in 1954 by a new wing (known as the Grenfell Wing) containing eight additional beds.

The Home of the Epiphany, which was formerly a convalescent home for men was re-opened in 1954 to provide accommodation partly for convalescents and partly for old people, of both sexes. This Home is filling a great need in the Welfare Service as, with a number of qualified nursing staff, it can deal with cases that cannot normally be accommodated in the ordinary Old People's Home.

The County Council has entered into Agreement under Section 26 of the National Assistance Act, 1948, with all the Voluntary Homes mentioned above. Under these Agreements, the County Council contribute to the maintenance of residents in the Homes who are not able to pay the full standard charge.

(iii) Charges for Accommodation

The standard weekly charge in the County Council's Homes is £3 15s. 3d. but those who are not able to pay the standard charge are assessed at a lower rate according to their ability to pay. (This also applies in the voluntary homes where differing standard charges have been adopted.) Those residents who have no other source of income are entitled to receive either an Old Age Pension or a National Assistance Allowance from which they are required to contribute at least 26/- per week towards the cost of maintenance, which is the minimum contribution prescribed by the 1948 Act. As the lowest pension or allowance is 32/6 per week, a resident is allowed not less than 6/6 per week for personal needs. The standard weekly charge also includes the provisions of personal clothing, but residents usually prefer to provide their own clothing. Residents have the same right to the services of a family doctor and the same freedom to choose a doctor as the rest of the community.

(iv) Frail Ambulants

This term includes persons, who, whilst able to walk about, are rather more frail than the residents in the ordinary Old People's Homes and often require some measure of nursing attention. There is an ever growing need in this direction and the County Council have decided to build a home for frail ambulants in the Camborne-Redruth area.

(v) Accommodation in Joint User Establishments

The standard of accommodation provided for Part III residents in Joint User Establishments under the control of the Regional Hospital Board is very poor (except perhaps at St. Mary's Hospital, Launceston). It is particularly bad at—

Barncoose;

Budock House (where the building is shared with low grade imbeciles), and Lamellion House.

It is considered that such conditions as are found in these buildings with their institutional atmosphere cannot help but contribute to the rapid deter-

ioration of the mental and physical condition of the residents who are the responsibility of the County Council. It is hoped it will be possible either to improve very considerably the conditions for Part III residents in these Joint User Establishments or to withdraw the residents entirely and find more suitable accommodation for them elsewhere.

(vi) **Temporary Accommodation**

The National Assistance Act, 1948, also laid upon the County Council a duty to provide "temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen or in such other circumstances as the authority may in any particular case determine". It was intended when this clause was inserted in the Act that it would cover cases of fire, flood, tempest, etc. (as, indeed, it has done in recent months in Cornwall) but it was soon seen that its main purpose would be the provision of accommodation for families made homeless by eviction—which would include a certain number of so-called "problem families". The difficulty of providing for these families has caused a great deal of heart-burning all over the country and not the least in Cornwall, where two particular difficulties have presented themselves;

(a) The County Council in 1952 decided not to provide accommodation under Part III of the Act, for families evicted from Council houses;

(b) The only accommodation available for homeless families was at Sedgemoor Priory in the old Casual block, the Board Room and the Chapel. This, as everyone recognised, was most unsuitable. The families had to lead a kind of communal existence and for this reason, the Council were only able to accept the women and children. This arrangement provided the father of the family with an opportunity of denying his family responsibilities if he wished to do so. It tended also to make a bad housewife worse, for this kind of life provided little or no chance to perform the ordinary duties of the home.

At the request of the Councils of County Districts, a Conference was held at which the County Council, Councils of County Districts, the Ministry of Health and the Ministry of Housing and Local Government were represented, when it was decided that a Joint Committee be formed consisting of members of the County Council and the Cornwall Branches of the Non-County Boroughs and the Urban District Councils' and the Rural District Councils' Associations to consider the extent of the problem and to formulate a scheme for consideration by the County Council and the Councils of County Districts. Two meetings were held of the Joint Committee and the opinion was expressed that the problem could only be solved by the closest co-operation between the County Council and the Councils of County Districts. Whilst there is no statutory duty placed on the County Council to provide temporary accommodation for persons whose need arises under circumstances which could have been foreseen and whilst there is no direct responsibility

placed on District Councils to house any particular family, nevertheless the housing of homeless families is a responsibility of local government. It was further considered that the legal position should not dominate the relations between the County Council as the Welfare Authority and the District Councils as Housing Authorities.

The County Council rescinded the resolution passed in 1952 and it was decided:—

(a) That the County Council should rent properties for the purpose of providing temporary accommodation for homeless families by reason of eviction or other cause, including eviction from Council houses;

(b) That an undertaking should be given to the County Council by Councils of County Districts that they will re-house as soon as possible (preferably within three months of accommodation being provided by the County Council) the families from their respective areas;

(c) That the County Council should hire to the rehoused families (if required) minimum furniture, household linen and utensils as necessary;

(d) That the County Council should make a charge to such families for the premises (including an additional amount for hire of furniture, etc.);

(e) That the County Council, where possible, should make arrangements for the rehabilitation

(i) of problem families before the need for eviction arises, District Councils to notify the County Council of such families in their areas requiring rehabilitation, and

(ii) of families when admitted to temporary accommodation, the work to be carried out by health visitors, welfare officers, home helps etc.

Six hutments, up to the present, have been provided by the County Council, two at Dry Tree Camp, Mawgan-in-Meneage, and four at the Cameron Estate Camp, St. Agnes, and families have been moved from Sedgemoor Priory to these hutments. It is too early, yet, to say whether the experiment is successful, but at least the County Council have made a genuine attempt to solve the problem.

At the time of writing this Report, a majority of the District Councils has agreed to implement the Agreement, and it is hoped that, in due time, there will be complete co-operation throughout the County.

(vii) Residents in Part III Accommodation

The number of residents in Part III accommodation on the 31st December, 1954, was as follows:—

Establishment	Men	Women	Children	Total
Budock Hospital, Falmouth	12	13		25
Meneage Hospital, Helston	7	11		18
Barncoose Hospital, Redruth	32			32
Sedgemoor Priory, St. Austell	50	49		99
Sedgemoor Priory Temporary	1	6	11	18
Lamellion Hospital, Liskeard	27	32		59
St. Mary's Hospital, Launceston	18	8		26
Part III	147	119	11	277
Dry Tree Hutments—				
Temporary Accommodation	2	2	9	13
Council Homes				
St. Michael's, Penzance	4	14		18
Endsleigh, Newquay	4	21		25
Polvellan, Looe	3	7		10
Voluntary Homes				
Downs View, Bude	1	7		8
Caprera, St. Austell	6	12		18
Eventide Home, Liskeard	1	9		10
Perran Bay Hotel, Perranporth	8	23		31
Methodist Homes, Ilkley		1		1
St. Teresa's, Predannack		1		1
Epiphany Home, St. Agnes	7	7		14
Blind Homes				
Malabar, Truro	8	13		21
Torr, Plymouth	1	6		7
Part III Tehidy Hospital	1			1
Epileptic Colonies				
Chalfont, Bucks	1	3		4
David Lewis, Alderley Edge		1		1
Meath Home, Godalming		1		1
Deaf and Dumb				
Bath	1			1
Homes provided by other Authorities				
Buckingham C.C.		1		1
Glamorgan C.C.		1		1
Somerset C.C.		1		1
Plymouth C.B.C.	1	1		2
Devon C.C.	1	1		2
Homes etc.	48	131		179
GRAND TOTAL	197	252	20	469
LESS chargeable to other authorities	4	7		11
NET TOTAL	193	245	20	458

(viii) Admissions and Discharges

Admissions to and discharges from Part III accommodation during the year ended 31st December, 1954, were as follows:—

	Admissions			Discharges		
	Adults	Children	Total	Adults	Children	Total
Ordinary	238		238	193		193
Temporary Accommodation	36	84	120	31	72	103
Total	274	84	358	224	72	296

CARE OF THE HANDICAPPED

Survey of Statutory Position

The County Council have power, by virtue of ss. 29 and 30 of the National Assistance Act, 1948, to make arrangements for promoting the welfare of "persons who are blind, deaf or dumb and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the direction of the Minister" (of Health). The County Council have, in fact, made schemes to deal with all the classes of handicapped persons mentioned above and, as this is the first time the services for handicapped persons have come within the scope of the Welfare Section of the Health Department, the opportunity is taken of bringing into the Annual Report, a report of the work of the Cornwall Committee for the Care of Cripples. It will be observed, moreover, from the table included above under General Welfare Services of persons to the maintenance of whom the County Council contribute, that the County Council have, in a measure, recognised their responsibility to people suffering from blindness, epilepsy, etc.

During the year, the County Council, upon the recommendation of the Welfare Sub-Committee, have met the cost of alterations to the homes of four persons to whom special electrical chairs and equipment have been provided by the Ministry of Health. In these cases no contribution to the cost was asked from the persons to whom help was given, but it must be remembered that the service is not necessarily a free one and welfare authorities may recover certain charges from those who make use of the service, due regard being had to the expenditure involved and the circumstances of any particular case.

Under the Disabled Persons (Employment) Act, 1944, the Ministry of Labour and National Service possesses certain important powers enabling it to provide (or to make arrangements for other persons to provide) for disabled persons of or over the age of sixteen both vocational training courses

and industrial rehabilitation courses. The Act empowered the Ministry also to provide facilities to enable registered disabled persons, who, because of the nature or severity of their disablements, are unlikely for a considerable period to be able otherwise to obtain employment or to undertake work on their own account, to be given work under sheltered conditions and also the necessary training for such work. In this connection the County Welfare Officer is in close touch with the Ministry and there is a constant interchange of information.

The Minister is required to maintain a register (which is confidential) of disabled persons—a "disabled person" being defined for the purposes of the Act, as one who "on account of injury, disease or congenital deformity is substantially handicapped in obtaining or keeping employment or undertaking work on his own account of a kind which, apart from such injury, disease or deformity would be suited to his age, experience and qualifications". It will be seen, therefore, that the extent of the problem and the field of service is wider for the Welfare Authority than it is for the Ministry.

The Churches have been very willing to help in the case of handicapped persons and in several cases, furniture has been adapted and "aids" in the home have been provided through the local Clergyman, Minister of Religion or member of the denomination to which the persons belong. The assistance of voluntary organisations and particularly the Churches is a source which is capable of considerable extension and is likely to be most useful in this expanding field of social service.

BLIND AND PARTIALLY SIGHTED PERSONS

Once again there is an increase in the number of blind persons registered from 932 in 1953 to 968. The proportion of elderly people (over 64 years) is 69.5%, slightly more than last year (68%). Nearly half the blind population (45.7%) were over 64 when they became blind.

There were 134 new patients registered of whom 104 were over 64 years. No new cases under 16 were registered.

Many cases of blindness are caused by cataract or glaucoma, both of which diseases are amenable to treatment. As a large proportion of persons through the country affected by these diseases have had no treatment for their condition, the Minister of Health has asked that a summary of these cases should be given, and also a report on any follow-up action taken in such cases: —

Follow-up of Registered Blind and Partially Sighted Persons

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during year in respect of which para. 7(c) of Forms B.D.8 recommends:—				
(a) No treatment	42 Blind 11 P.S.	10 Blind 1 P.S.	— —	31 Blind 12 P.S.
(b) Treatment (medical, surgical or optical)	2 M. 28 S. 2 O.	8 M. — —	— — —	13 M. 1 S. 1 Ed.
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	2 M. 11 S. 2 O.	6 M. — —	— — —	13 M. 1 S. 1 Ed.

M—Medical S—Surgical O—Optical Ed.—Educational

Of the 32 cases of cataract recommended for treatment:—

Received treatment	...	...	...	...	15
Awaiting treatment	...	...	...	...	5
Refused treatment	...	...	...	...	5
Unfit for operation	...	...	...	...	4
Left the county	...	...	...	...	1
Died	...	...	...	...	2

Eight cases of glaucoma were recommended for treatment. Six received treatment and 2 died. Retrolental fibroplasia is a disease to which some premature babies are liable; no cases were registered this year.

Of the 15 patients suffering from other eye diseases, 12 had treatment, 2 died. The 1 recommended for special training is now employed.

Ophthalmia Neonatorum

Only 1 case of ophthalmia neonatorum was notified which recovered without loss of vision.

Home for the Blind—Malabar

The new wing to this Home was opened in September by Lt.-Col. Sir Edward Bolitho, K.B.E., C.B., D.S.O. This provides 8 extra single rooms. The Home can now take 29 blind persons.

Welfare of Blind

The promotion of the welfare of blind persons, which is the duty of the County Council under the National Assistance Act, 1948, continues to be carried out very satisfactorily by the Cornwall County Association for the Blind. A clause in the Act permits the County Council to delegate this work to the Voluntary Association which has been caring for the blind for many years.

There are 6 home teachers, 5 sighted and 1 blind. These teachers pay regular visits to the blind in their homes and elsewhere, and help them to overcome the effect of their disability. They teach Braille or Moon reading to those who wish to learn. There is a National Library for the blind to which the County Council pay a per capita subscription. There are 63 blind readers in the county. Home teachers also teach simple pastime crafts and assist in the marketing of these goods. They also help the blind to avail themselves of social services to which they are entitled. Social clubs, outings and handicraft classes are arranged by home teachers.

Under the Welfare Scheme newly blind persons can be sent to a Centre for social rehabilitation.

There are 16 blind home workers in the county who are under supervision by the Bristol Royal Blind Asylum Workshops.

Age Period	Age Groups of Blind Persons			Age at which Blindness Occurred		
	Males	Females	Total	Males	Females	Total
0 ...	—	—	—	25	35	60
1 ...	—	—	—	—	—	—
2 ...	—	1	1	2	—	2
3 ...	—	1	1	2	1	3
4 ..	—	—	—	—	—	—
5—10 ...	3	2	5	10	12	22
11—15 ..	3	—	3	5	6	11
16—20 ...	3	5	8	11	5	16
21—30 ...	9	9	18	16	24	40
31—39 ...	16	16	32	23	16	39
40—49 ...	22	25	47	40	55	95
50—59 ...	49	56	105	59	80	139
60—64 ...	42	33	75	31	64	95
65—69 ..	41	55	96	32	66	98
70 and over	187	390	577	116	228	344
Unknown	—	—	—	3	1	4
Totals ..	375	593	968	375	593	968

New cases registered during the year:—

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Males	Females	Total
0—15	—	—	—	—	—	—
16—20 ...	1	—	1	1	—	1
21—30 ...	—	—	—	—	—	—
31—39 ...	1	—	1	1	—	—
40—49 ...	3	1	4	3	1	4
50—59 ...	4	6	10	4	6	10
60—64 ...	3	5	8	4	10	14
65—69 ...	4	8	12	11	9	20
70 and over	37	61	98	29	55	84
Unknown	—	—	—	—	—	—
Totals ...	53	81	134	53	81	134

Blind Children under 16 years:

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

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

				Males	Females	Total
1. At School						
Age Group 16—20	...	...	...	1	3	4
2. Undergoing Training	...	...	...	2	—	2
				—	—	—
3. Employed						
(a) In Workshops for the Blind	...			2	1	3
(b) As approved Home Workers	...			11	5	16
All others not included in (a) or (b)	...			30	1	31
				—	—	—
Total employed	...	...	...	43	7	50
				—	—	—
4. Unemployed						
				Males	Females	Total
Trained	...	...	...	1	—	1
Not training but trainable	...	...	...	1	—	1
Not available for Employment:						
Age group 16—59	...	...	...	29	54	83
Age group 60—64	...	...	...	18	23	41
Not capable of work:						
Age group 16—59	...	...	...	36	48	84
Age group 60—64	...	...	...	18	9	27
Not employed over 65	...	...	...	220	445	665
				—	—	—
Total unemployed	...	...	...	323	579	902
				—	—	—
Grand Total	...	...	...	369	589	958
				—	—	—

Occupations of Employed Blind Persons:

			Within Work-	In approved	Others not	Total
			shops for	Home Workers	Pastime	
			the Blind	Scheme	workers	
Agents Collectors, etc.	...	—	—	—	1	1
Agricultural Workers	...	—	—	—	5	5
Basket Workers	...	1	5	—	—	6
Braille Copyists	...	—	1	—	—	1
Brush Makers	...	1	—	—	—	1
Chair Seaters	...	1	—	—	—	1
Clerks and Typists	...	—	—	—	3	3
Dealers, Tea Agents, News-						
agents, Shopkeepers	...	—	—	—	3	3
Domestic Workers	...	—	—	—	—	—
Home Teachers	...	—	—	—	1	1

			Within Work- shops for the Blind	In approved Home Workers Scheme	Others not Pastime workers	Total
Labourers	...	...	—	—	3	3
Machine Knitters	...	...	—	5	—	5
Masseurs and Physiotherapists	...	...	—	—	1	1
Mat Makers	...	...	—	—	1	1
Ministers of Religion	...	...	—	—	3	3
Newsvendors and Hawkers	...	...	—	—	1	1
Piano Tuners	...	...	—	5	—	5
Poultry Keepers	...	...	—	—	1	1
Telephone Operators	...	...	—	—	3	3
Miscellaneous	...	...	—	—	5	5
			3	16	31	50

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

				Males	Females	Total
(a) Mentally Disordered	...	...	...	5	9	14
(b) Mentally Defective	...	...	...	8	6	14
(c) Physically Defective	...	...	...	47	71	118
(d) Deaf without Speech	...	...	...	—	—	—
(e) Deaf with Speech	...	...	...	3	3	6
(f) Hard of Hearing	...	...	...	25	27	52
Combination of (a) and (c)	...	...	...	1	1	2
Combination of (a) and (e)	...	...	...	—	1	1
Combination of (b) and (c)	...	...	...	2	1	3
Combination of (c) and (d)	...	...	...	—	1	1
Combination of (c) and (e)	...	...	...	1	1	2
Combination of (c) and (f)	...	...	...	4	7	11
				96	128	224

Blind Persons age 16 and upwards resident in:—
Residential accommodation provided
under Part III of the 1948 Act
(viz. Sect. 21)—

				Males	Females	Total
(a) Homes for the Blind	...	...	...	10	23	33
(b) Other Homes	...	...	...	7	9	16
Other Residential Homes	...	...	...	—	9	9
Mental Hospitals	...	...	...	6	11	17
Mental Deficiency Institutions	...	...	...	3	4	7
Other Hospitals	...	...	...	3	16	19
				29	72	101

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.

Particulars of the 122 persons for the year 1954 on the register are given in the following Tables. These people are entitled to the services and facilities provided for Blind Persons:—

Age Groups of Partially Sighted Persons

			M.	F.	T.
0—4	...	...	1	—	1
5—15	...	...	9	6	15
16—20	...	...	2	3	5
21—49	...	...	3	10	13
50—64	...	...	4	17	21
65 and over	...	...	23	44	67
Total			42	80	122

Cases newly Registered during the Year

Age at Date of Registration

			M.	F.	T.
0—4	...	...	—	—	—
5—15	...	...	—	—	—
16—20	...	...	—	—	—
21—49	...	...	1	—	1
50—64	...	...	2	2	4
65 and over	...	...	11	22	33
Total			14	24	38

During the year 5 partially sighted persons were removed from the register due to improved visual acuity and 8 were transferred to the Blind Register.

The register is kept in four main classes:—

- A. Prospective Blind—Persons (other than children) who are near blind or likely to become blind and to need the full range of blind welfare services.
- B. Industrially Handicapped—Persons (other than children) whose principal needs are likely to be met by proper placement in industry.

- C. Requiring Observation—Persons (other than children) whose defect is neither industrially nor socially a serious handicap and whose vision may or may not deteriorate.
- D. Children—All such children under the age of 16 as are referred to in paragraph 16 of Circular 150/48.

CLASS A

Persons Near and Prospectively Blind

	M.	F.	T.
Employed	1	—	1
Unemployed:			
Available for and			
capable of work ...	—	—	—
Not available for			
or capable of work	11	33	44
	—	—	—
Total	12	33	45
	—	—	—

CLASS B

Persons Mainly Industrially Handicapped:

	M.	F.	T.
Employed	1	5	6
Undergoing Training ...	1	—	1
Unemployed but			
Available for and cap-			
able of Training or			
Work	—	1	1
Not Available or Cap-			
able of Work ...	2	3	5
	—	—	—
Total	4	9	13
	—	—	—

CLASS C

	M.	F.	T.
Persons requiring observation only	16	32	48

CLASS D

Children 5—16:

Educable

At special schools ...	6	2	8
At other schools ...	2	2	4
Not at school ...	1	—	1
Ineducable	—	2	2
	—	—	—
Total	9	6	15
	—	—	—

Children over 16:

Still at School	—	—	—
------------------------	---	---	---

THE DEAF AND DUMB

The following report has been received from Miss Una Potter, B.A., B.D., S.Th., the County Missioner to the Deaf and Dumb, on the work of the Cornwall Association for the Deaf and Dumb.

" Our Association exists to help and advise all deaf, whether deaf from infancy or deafened later in life. Of the former there are 147 in the County under our Association. Most of them have been educated in special schools for the deaf and have been taught to lip-read and have some speech, but their language is limited and the speech of the born deaf is not very intelligible. There are some who have not been to deaf schools. Instruction is given to deaf over school age where required, and lip-reading instruction to adults who have become deaf.

The deaf are visited in their homes and in hospitals. Visits have been made to Lamellion Hospital, Sedgemoor Priory, Barncoose Hospital, the mental hospital at Bodmin and The Retreat at St. Columb, also to the sick in hospital at Truro, St. Austell and Penzance. I have also interpreted for doctors at hospitals and clinics.

Social Clubs and services have been held regularly at Camborne, St. Austell and Truro. The Club meets once or twice a week at Camborne and there is a weekly service on Sundays. Billiards, snooker and darts are played and refreshments are provided. There is a monthly Beetle Drive with a hearing Club and darts matches have been played with hearing and deaf Clubs. St. Austell Club meets fortnightly and there is a monthly service. Only three of the deaf members live in St. Austell, the others come from the surrounding districts. There is a monthly service at Truro, the deaf come from Falmouth, Penryn and Truro. The services are conducted in speech, finger-spelling and signs. After the service on Sundays, the deaf stay until 9 p.m. to talk or have discussion with the Missioner. Tea is provided after afternoon services. The Missioner interprets for Clergy and Ministers at Baptism, Holy Communion, Marriages and Funerals. The average attendance at Camborne is 8, at St. Austell 11 and at Truro 5.

Parties have been held at Camborne and St. Austell. These are free to the deaf and a grant is made from the Association. The attendance was about 25 at each. There was also a party for deaf children at Camborne. There was an outing in the Summer to Totnes and the River Dart, and a party attended the Rally of the deaf of Devon and Cornwall at Heavitree church in September.

With two exceptions, all those available for, and capable of work are employed. During the year I have attended at Labour Exchanges to interpret and have interviewed prospective employers.

A monthly magazine is circulated to all deaf in the County, giving news and notes of forthcoming events.

Register—There are 147 deaf and dumb on the register.

Over 65			Ages 16—65			Total	
		Working	Working Part-time	Unem- ployed	Incapable of work		
Men	...	8	33	1	2	6	50

		Over 60	Ages 16—60			Total
			Married	Gainfully Employed	Helping at Home	Incapable of work
Women	...	16	15	12	6	14
						63

Boys — 19	}	Total Children—33	(Including 2 blind or partially sighted and 6 in Hospital)
Girls — 14			

Added during the year:— Adults 5. Children 9.

Removed from Register:— Adults 3. Children 3.

In Hospital — Men 3. Women 9.

Blind or partially sighted — 3 women.

OTHER CLASSES OF HANDICAPPED PERSONS

The County Council made a Scheme in 1952 in respect of " Handicapped persons other than the Blind, Partially-sighted and Deaf or Dumb ". This scheme deals with (inter alia) registration, social welfare, workshop employment, home employment, handicrafts, crafts and other skilled activities, marketing of produce, hostels, social centres and holiday homes, training facilities and the employment of Welfare Officers for this class of work. This scheme has not been implemented to any great extent but it is noteworthy that during the year, the re-organisation of the field staff of the Health Department presented the opportunity for one of the Welfare Officers to be set aside on a part-time basis for this work. Unfortunately, however, the officer in question (Mr. B. Buckingham) was taken ill during the year under review and the development of the work has been temporarily held up.

A register is being compiled of the generally handicapped so that each individual's handicap may be classified on broad lines. The classification used is that suggested by the Ministry of Health and the numbers registered at the end of the year were as follows:—

Classification	Male				Female			
	Under 16	16- 30	30- 50	Over 50	Under 16	16- 30	30- 50	Over 50
A/E(1) Amputation ...	—	1	3	2	—	4	—	5
F(2) Arthritis & rheumatism ...	—	—	9	13	—	4	2	19
G(3) Congenital malformations and deformities ...	1	8	2	—	—	14	6	—
H/L(4) Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system; (other than T.B.); and of the skin ...	—	12	6	8	—	9	8	3
Q/T(5) Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than T.B.) of the upper and lower limbs and of the spine ...	—	9	4	3	—	7	7	2
V(6) Organic nervous diseases— epilepsy, disseminated ...	2	*12E	*2E	*1E	1	*10E	*2E	8
sclerosis poliomyelitis, ...		8S	10	11		11S	2S	1E
hemiplegia, sciatica, etc. ...		15				13	20	
U/W(7) Neuroses, psychoses and other nervous and mental disorders not included in V(6) ...	—	2	1	6	—	2	1	1
X(8) Tuberculosis (respiratory) ...	—	7	19	6	—	6	8	—
Y(9) Tuberculosis (non-respiratory) ...	—	7	4	1	1	5	2	3
X(10) Diseases and injuries not specified above ...	—	4	1	4	—	2	—	3
Total ...	3	85	61	55	2	87	58	45
204				192				

* E—Epileptics S—Spastics.

There is no obligation on any person to register or to seek assistance under the scheme for handicapped persons, and it is therefore very difficult to make any reliable estimate of the probable number of generally handi-

capped who will wish to take advantage of the services provided. There seems to be a reluctance to register, the main reasons being:—

- (a) Indifference born of a loss of courage after years of inactivity;
- (b) The fear of prejudicing their position by attracting any kind of limelight (this is particularly evident in the case of epileptics);
- (c) A commendable objection, by those who have succeeded in mastering their physical handicaps, to being classified as "handicapped persons";
- (d) Doubt as to eligibility to register.

The classifications shewn above, indicate the wide variety of physical handicaps and one tremendous difficulty in this work is to know how best to cater for the manifold and diverse needs of young and middle-aged handicapped persons. This difficulty is not lessened by the lack in Cornwall of—

- (1) Hospital accommodation for the young chronic sick;
- (2) Facilities for dealing with
 - (i) epileptics
 - (ii) spastics
 - (iii) other cases which the Hospital authorities will not accept, e.g. disseminated sclerosis.

Epileptics and Spastics

The figures given under V item (6) above include those persons suffering from epilepsy and cerebral palsy, and these are indicated by the letters "E" and "S" in each age group. So far as the epileptics are concerned:—

4 Children are in special schools

2 Adults are registered with the Cornwall Committee for the Care of Cripples and are receiving occupational therapy—

Seven were maintained by the County Welfare Committee at the end of 1954 in the following Colonies —

					Males	Females
Chalfont	...	...	...	...	1	3
David Lewis	...	...	...	...	—	1
Meath Home	...	...	...	...	—	1
St. Teresa's	...	...	...	...	—	1

In addition, a number of the residents in the Welfare Establishments are epileptics, and there are others in various Hospitals in the County and many are still in their own homes. Of the latter class, the Report of the Cornwall Association for the Care of the Cripples reveals the extent of the work of occupational therapy being carried out on their behalf.

The table of handicapped persons shews that there are 22 persons suffering from cerebral palsy who are registered with the County Council. In addition, the School Health Department have a record of 34 spastic children.

Of these, at the end of 1954 22 were in ordinary schools, 4 children were having home tuition, 7 were in special schools and 3 were awaiting admission. (One child, who is awaiting admission is, in the meantime, receiving home tuition.)

The Cornwall Committee for the Care of Cripples are providing occupational therapy for 14 adult spastics.

It is, perhaps, not inappropriate to draw attention here to the fact that the voluntary associations whose reports are included above, tend to cater, necessarily, for one particular class of physical handicap, and herein lies a real danger of overlapping and wasted effort. The closest possible co-operation and co-ordination between these bodies, with a free interchange of ideas and information is an end much to be desired. This is achieved in part by the reports presented to the quarterly meetings of the Welfare Sub-Committee, but every opportunity should be taken of strengthening the liaison which exists between the voluntary bodies and the Welfare Department.

Valuable work of a domiciliary nature in connection with the generally handicapped is carried out by the Cornwall Committee for the Care of Cripples and I am glad to have the opportunity for the first time, to include in my Annual Report an account of the work of that Association.

Report of The Cornwall Committee for the Care of Cripples

This Committee is an organization to which has been delegated the duty of providing training in craft work to home-bound disabled persons in the County. An annual grant of £2,500 is made towards this service.

The Committee was founded about 1932 as a purely voluntary organization to develop, assist and expand the orthopaedic work in the County. In 1939 its activities were extended by the opening of the Cripples' Workshop which is situated in the grounds of the Royal Cornwall Infirmary. The Workshop now provides employment for 15 persons and makes surgical appliances for patients attending Hospitals and Clinics.

In 1949 the home teaching of cripples commenced and became a part of the County Health and Welfare Services.

The organisation of the training of home-bound disabled persons involves the full time employment of three qualified Occupational Therapists of whom one is graded as Head Occupational Therapist and is responsible for the administration and supervision of the work throughout the County.

Materials, tools and equipment are supplied to patients who are instructed by the Occupational Therapists in the following craftwork: basketry, marquetry, weaving, knitting (including machine knitting), netting, chaircaning and reseating, the making of rugs, lampshades, soft toys, gloves, wallets, purses and stools, raffia work, smocking and embroidery, rustic work i.e. bird nesting boxes and tables.

Completed work which reaches a reasonable standard is accepted and offered for sale at prices which cover the cost of materials, a small payment to the patient and a small percentage addition for overheads such as transport and the provision of tools and equipment. Patients are encouraged wherever possible to sell their own work.

Cases are accepted for training only on medical recommendation and close contact is maintained between the patient's own doctor and the Occupational Therapist concerned with the case.

Only limited arrangements for recreational activities have been made as yet, but there are two Clinics operating in the County, one at Penzance and one at Wadebridge, where reasonably mobile patients meet over a cup of tea to share their community of interest.

Christmas parties are also given at Lelant and Wadebridge.

Visits to Patients during Year ended 31.12.54.

Total Visits	...	...	...	...	4,335
Patients seen	...	...	...	...	2,673
New Cases	...	...	...	...	79
Cases Closed	...	...	...	...	74

Appendix to Report by the Cornwall Committee for the Care of Cripples Classification and Grouping of Patients

	Classification	Male	Female
A/E—Amputation	2	4
F—Arthritis and rheumatism	16	18
G—Congenital malformations and deformities	...	14	25
H/L—Diseases of the digestive and genito-urinary systems, of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin	15	7
Q/T—Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	14	7
V—Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	20	40
U/W—Neuroses, psychoses and other nervous and mental disorders not included in V.	2	4
X—Tuberculosis (respiratory)	21	8
Y—Tuberculosis (non respiratory)	2	3
Z—Diseases and injuries not specified above	9	4
		<hr/> 115	<hr/> 120

Degree of Handicap

A—Handicapped persons (other than children) who though possibly needing training for some new occupation are capable of work under ordinary industrial conditions	...	...	...	...	...	...	—	—
B—Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions but who are mobile and capable of work in sheltered workshops	...	...	...	...	...	...	8	1
C—Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions and who are insufficiently mobile for work in sheltered workshops but who are capable of work at home	...	...	...	...	...	...	100	101
D—Handicapped persons (other than children) who are incapable of or not available for work	...	...	...	...	...	...	6	15
E—Handicapped persons who are children under the age of 16 years and whose needs are likely to be met under other enactments but for whom the local authority have a general responsibility under section 29 of the Act	...	...	...	...	...	...	1	3
							<hr/> 115	<hr/> 120

Age Grouping

Under 16 years	...	...	...	...	...	...	1	3
16 to 30	...	...	...	...	...	...	18	24
31 to 50	...	...	...	...	...	...	41	58
Over 50	...	...	...	...	...	...	55	35
							<hr/> 115	<hr/> 120

Number of Male patients on Register at 31.12.54 ... 115

Number of Female patients on Register at 31.12.54 ... 120

Generally

Welfare work is, in fact, the oldest form of Social Service administered by local authorities. As long ago as the year 1601, the duty of providing sustenance for those members of the community who were unable by their own efforts to maintain themselves was, by statute, placed upon the Church Wardens and Overseers of each Parish. After great changes, over many years, the County Council have inherited this tradition of service and the

duty to help those in need. The fact that the Welfare Department lost its independent status in 1952 and became a part of the Health Service must not be taken as a sign that the Social Services are regarded as the "Cinderella" of the Council's functions. Considerable "lip service" has been paid to the needs of old age and the handicapped but the Government of recent years have not always translated their speeches into active help for the local authorities in the work which they are trying to do. There are considerable grants for any services in connection with children, whether education or welfare—and rightly so; the treatment and care of the sick is the sole responsibility of the State; there is a 50% grant for health services including care and after-care; but there is **no** grant or help (except a very meagre grant towards the capital cost of the provision of residential Homes) for any of the services administered by the Welfare Department. The care of the aged, the infirm and the handicapped should be regarded as of equal importance (and incidentally attract the same Exchequer Grant) as the services provided for other classes of the community.

Piers Plowman once said "The neediest are our neighbours if we give heed to them". The recognition of the needs of our neighbours and the willingness and ability to help, has always been regarded as the highest form of service.

LABORATORY FACILITIES

Dr. F. D. M. Hocking at the Royal Cornwall Infirmary, Truro, Pathological Department, 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 UNDER THE FOOD AND DRUGS ACT, 1938—50

During the year your Sampling Officers obtained 2,716 samples of various foods for examination and analysis for compositional quality and the presence of injurious or deleterious ingredients. 573 samples were submitted for a complete formal analysis by the Public Analyst. 7 people were prosecuted in respect of sixteen counts of adulterating food. All of these charges were in respect of adulterated milk. They were all convicted and fined a total of £61. 0s. 0d., together with £48 16s. 6d. costs.

Milk, being a liquid commodity which is very easy to adulterate with water, will it seems, always account for an annual crop of offenders. It is not

without interest to note that in only one case was an offence detected concerning milk being sold by retail directly to the consumer and further that this case concerned very poor quality milk and that no added water was found. All the other cases are instances where the farmers were sending milk to the milk factories and considering the enormous gallonage which is collected everyday, the percentage of offenders is really very small. The defendants in these cases put forward quite extraordinary reasons as to how the milk may have become adulterated. One offender suggested that a hail-storm during the night had produced such a quantity of hail that it had filled the strainer left on the churn in the open and the mornings milk being warm had dissolved the hail. Another defendant said that he thought it possible that some intruder during the night had added the water, although he had to admit he owned an Alsatian dog which had to be chained up each time the Inspector called.

When samples are taken at the delivery point which is usually the factory, various defences have been successfully used in the past that it is not considered safe to proceed on that evidence alone. It is usual for us to take a follow up sample the next morning at the farm collecting point. If both the samples should prove to be adulterated then the farmer has to face two charges. Several instances of this are included in the list of prosecutions.

One very unusual theory was put forward by a farmer which gave us some little trouble to disprove. Samples taken at the factory and at the farm all contained added water and the farmer alleged that the water had got in from the particular kind of milking machine he was using. Expert engineers from the machine makers were most emphatic that this was impossible but at the hearing before the Magistrates the defendant did not pursue the matter further.

All instances of irregularity in the composition of milk did not necessarily mean that the milk had been adulterated and samples taken at the farm known as 'appeal to cow' samples sometimes show that the cows are producing a poor quality article. These cases are reported to the Milk Production Officer of the Agricultural Executive who advises the farmer how to improve the quality of his milk.

Several samples of honey produced in the County proved to be of poor quality but the Analyst gave his opinion that the season had been so poor that he did not think the honey had been deliberately adulterated. The water content was 25 per cent.

Other samples which were reported as irregular and which were dealt with by means of cautionary letter were ice-cream, butter-macaroons, and non-alcoholic wine.

Name of Samples	Number obtained	Reported on adversely by P.A.
Milk ...	2,101	21
Fried Potatoes ...	8	
Cereals and flour confectionery ...	48	
Vinegar ...	13	
Fruit ...	21	1
Spices ...	4	
Salt ...	2	
Tea and coffee ...	13	
Milk Products ...	13	
Soup and sauces ...	5	
Preserves and Honey ...	49	4
Butter ...	64	
Meat and meat products ...	107	
Fats ...	76	
Cream ...	19	
Fish Products ...	14	
Ice Cream ...	37	2
Soft drinks and cordials ...	37	4
Spirits and beer ...	10	
Sugar confectionery ...	46	2
Pulses ...	5	
Miscellaneous ...	20	1
Total ..	2,716	25

PARTICULARS OF PROSECUTIONS

Trade	Nature of Adulteration	Result
Food Manufacturers	Label misleading	Convicted— Fined £10. 0.0. Costs £5. 0.0.
Farmers	Selling milk containing added water	Convicted— Fined £20. 0.0. Costs £17. 8.6.
Farmer	Selling milk containing added water	Convicted— Fined £5. 0.0. Costs £2.10.0.
Farmer	Selling milk containing added water	Convicted— Fined £16. 0.0. Costs £5. 0.0.
Farmer	Selling milk containing added water	Convicted— Fined £4. 0.0. Costs £10.10.0.
Farmer	Selling milk containing added water	Convicted— Fined £10. 0.0. Costs £5. 0.0.

Trade	Nature of Adulteration	Result
Retailer/Producer	Selling milk not of the quality demanded	Convicted— Fined £5. 0.0. Costs £6. 6.0.
Retailer/Producer	Selling milk deficient in fat	Convicted— Fined £1. 0.0. Costs £2. 2.0.

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	...	206
Visits in relation to works of sewage disposal	...	27
Visits in relation to works of water supply	...	26
Visits to school premises	...	277
Samples of water submitted for analysis	...	291
Samples of pasteurised milk submitted for examination	...	180
Samples of school milk submitted for examination	...	261
Samples of milk submitted for biological examination	...	22
Samples of school milk submitted for analysis	...	242
Ministry Inquiries attended	...	9

MILK—SPECIAL DESIGNATIONS

Pasteurised Milk

The Food & 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 & Drugs Act, 1938, and the Food & Drugs (Milk and Dairies) Act, 1944.

As from 1st October 1954, milk which is pasteurised in bottles shall be delivered to the consumer in those bottles, and milk which is pasteurised in containers other than bottles shall be put into containers in which it is to be delivered to the consumer at the premises at which it is pasteurised, and as soon as possible after pasteurisation.

As from 1st October 1954 every container in which the milk is transported, exposed or offered for sale shall be tightly closed and securely fastened with a cap or cover overlapping the lip of the container or in some other suitable manner approved by the licensing authority. Where churns are used they shall also be suitably sealed.

The County Council, as the Food & Drugs Authority, are 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 ten premises throughout the county for the pasteurisation of milk; one new licence having been granted during the year and two dairies having ceased to pasteurise milk.

There are no premises in the county licenced for the sterilisation of milk.

Of these plants, the methods adopted for pasteurising the milk are, five 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 five 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, 206 inspections of these dairies were made and 180 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		Failing Both Tests
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
180	175	5	179	1	0

Thirty-three samples of Pasteurised Milk were also submitted for plate count and B. Coli and 24 milk bottles and three churn rinsings submitted for sterility tests.

Check tests of the accuracy or otherwise of the indicating and recording thermometers have been made and resulted in several thermometers having to be adjusted or replaced.

Unsatisfactory samples are followed up and further samples taken after advice has been given on the possible cause of the 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.

BIOLOGICAL EXAMINATION OF MILK

During the year 23 samples of milk have been taken and submitted for biological examination as follows:—

From Bodmin Hospital Farm	...	...	...	5
From Schools and Canteens	...	...	...	7
From other sources of supply	...	...	...	11
				—
Total	...	...	...	23
				—

The samples taken from Bodmin Hospital Farm were examined for *Brucella Abortus* as well as for Tuberculosis. All other samples for Tuberculosis only.

All samples proved to be free of tuberculous bacilli or brucella organisms.

MILK IN SCHOOLS

Of the 369 schools in the County 93.5% are receiving pasteurised milk, 5.4% Tuberculin Tested Milk and 4 schools, or less than 1%, are receiving Ungraded Milk in spite of every effort to obtain supplies of Pasteurised or Tuberculin Tested Milk. These 4 schools are in isolated areas and it has not been possible to obtain deliveries of Graded Milk and local sources of supply have had to be accepted.

The following Table shows the position at the end of the year:—

Grade of Milk		Bottled	Bulk	Total
Pasteurised	...	340	4	344
Tuberculin Tested	...	13	8	21
Ungraded	...	—	4	4
		—	—	—
No. of schools	...	353	16	369
		—	—	—

From the above it will be seen that 353 schools are receiving milk in one-third pint bottles and 16 schools are receiving bulk milk which has to be served in beakers.

Practically all the suppliers have discarded the cardboard disc and now use metal caps overlapping the lip of the bottle and this has proved a much more hygienic method of sealing the bottles.

Seven samples of Ungraded Milk have been submitted for biological examination and the results have proved all samples to be free of tuberculosis.

Regular samples of the milk supplied to schools have been taken by the County Sanitary Officer for bacteriological examination and during the year 261 samples were taken with the following results:—

Grade of Milk		Satisfactory	Unsatisfactory	Total
Pasteurised	...	223	5	228
Tuberculin Tested	...	22	4	26
Ungraded Milk	...	6	1	7
		—	—	—
All grades	...	251	10	261
		—	—	—

Of the 5 samples of Pasteurised Milk that failed to pass the necessary tests, 3 failed on Methylene Blue (keeping quality) and 2 on the Phosphatase Test (improperly pasteurised). No samples failed on both tests.

All unsatisfactory samples are investigated. In the case of Tuberculin Tested Milk, the County Milk Production Officer of the Ministry of Agricul-

ture & Fisheries is notified and asked to investigate the conditions at the farm and methods of production. Other cases are investigated by the County Sanitary Officer.

During the year 242 samples of school milk were taken by the County Sanitary Officer and passed to the Chief Inspector of Food & Drugs for analysis. Of these samples 240 were found to be genuine and 2 slightly deficient in non-fatty solids. No action was considered to be necessary.

WATER SUPPLIES IN SCHOOLS

The supervision of the water supplies at schools was continued throughout the year by the County Sanitary Officer and 284 samples were taken and submitted for examination.

Prior to the year 1954 it has been the practice to confine the sampling of water from schools not supplied from public mains, but during 1954 samples of mains water supplied to schools have also been taken and submitted for examination. Of the 284 samples taken during the year, 237 were satisfactory and 47 unsatisfactory or doubtful. These unsatisfactory samples were taken from 37 schools. Included in these samples were 148 mains supplies of which 13 samples from 8 different sources of supply were unsatisfactory.

Of the 369 schools in the County, 261 schools are supplied with water from public mains supplies and 108 from local wells or shutes.

The results of the examination of all samples are furnished to the local Medical Officers of Health and the Secretary for Education is notified of unsatisfactory samples.

The quality of the water at the schools has again showed some improvement during the past 5 years as illustrated in the following Table:—

Year	Satisfactory	Unsatisfactory	Total
1954	237	47	284
1953	123	49	172
1952	105	70	175
1951	133	55	188
1950	95	66	161

The Education Department is kept acquainted with schemes of water supply carried out by the various local authorities with a view to schools being connected to mains supplies where this is practicable, and the following works or precautions have been, or are being, carried out:—

Connected to mains	...	...	...	...	...	6
Proposed to be connected to mains	...	...	...	...	...	29
Mains extended to wash-basins, etc.	...	...	...	...	...	3
Alternative sources of supply being sought	...	...	...	...	...	1
Wells repaired structurally	...	...	...	...	...	—
Pumps replaced	...	...	...	...	...	4
Pumps repaired	...	...	...	...	...	9

Collecting Chambers cleaned	...	...	...	...	8
Defective drains made good	...	...	...	...	4
Lead pipes replaced by more suitable pipes (Lead in water)					4
Sinking of new wells under consideration	...	...	...	...	—

ICE CREAM (HEAT TREATMENT) REGULATIONS, 1947

The responsibility of 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 1953, prescribes that the ice cream should 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 & Drugs Department of the County Council and 37 samples have been taken during the year of which 34 were genuine and 3 were deficient in fat. No action was taken.

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

Local Authority	HOT MIX				COLD MIX				UNKNOWN				Total Samples
	Grade				Grade				Grade				
	1	2	3	4	1	2	3	4	1	2	3	4	
Bodmin Borough	...	16	—	—	—	—	—	—	—	—	—	—	16
Falmouth Borough	...	57	4	—	—	5	—	3	—	—	—	—	69
Fowey Borough	...	9	—	1	—	4	1	—	—	7	1	1	24
Helston Borough	...	13	—	2	—	—	—	—	—	—	—	—	15
Launceston Borough	...	8	3	2	—	—	—	—	—	—	—	—	13
Liskeard Borough	...	8	2	—	—	—	—	—	—	14	—	—	24
Penzance Borough	...	41	4	3	—	—	—	—	—	—	—	—	48
St. Ives Borough	...	5	—	1	—	1	—	1	—	—	—	—	8
Truro City	...	8	—	—	—	—	—	—	—	—	—	—	8
Bude Stratton U.D.	...	31	29	9	8	3	—	—	—	—	—	—	80
Camborne-Redruth U.D.	...	20	3	2	—	3	—	—	—	—	—	—	28
Looe U.D.	...	38	4	2	1	—	—	—	—	2	1	—	48
Newquay U.D.	...	31	9	7	—	—	—	—	—	—	1	—	48
St. Austell U.D.	...	43	2	3	—	9	1	—	—	—	1	—	59
Torpoint U.D.	...	10	2	—	—	—	—	—	—	—	—	—	12
Kerrier R.D.	...	1	—	—	—	—	—	—	—	51	13	3	68
Liskeard R.D.	...	—	—	—	—	—	—	—	—	30	9	16	56
St. Germans R.D.	...	—	—	—	—	—	—	—	—	3	—	—	3
Truro R.D.	...	3	3	—	—	1	—	—	—	—	—	—	7
Totals	...	342	65	32	9	25	2	4	—	107	26	20	634

INQUIRIES BY THE MINISTRY OF HOUSING AND LOCAL GOVERNMENT

The following Inquiries held by the Ministry of Housing and Local Government were attended during the year:—

Truro Rural District

23rd February 1954—at the Rural District Council Offices, Truro, into the proposal to borrow the sum of £6,930 for the purpose of sewerage and sewage disposal for the village of Goonhavern in the Parish of Perranzabuloe.

9th September 1954—at the Rural District Council Offices, Truro, into the proposal to establish works of sewerage and sewage disposal at Tresillian at an estimated cost of £16,437.

17th December 1954—at the Rural District Council Offices, Truro, into the proposal to borrow the sum of £11,000 for works of sewerage and sewage disposal at Gerrans and Portscatho.

St. Germans Rural District

23rd March 1954—at the Council Chamber, Callington, into the proposal to construct works of sewerage and sewage disposal at Callington at an estimated cost of £23,900.

Helston and Porthleven Water Co.

10th June 1954—at the Guildhall, Helston, into the proposal of the Helston and Porthleven Water Company, to take water from the Wheal Vor Adit under the Helston and Porthleven Water Board Order, 1953.

Kerrier Rural District

8th September 1954—at the Rural District Council Offices, Helston, into the progress of the scheme of sewerage and sewage disposal for Praze-an-Beeble, estimated to cost £20,600.

8th September 1954—at the Rural District Council Offices, Helston, into the progress of the Lizard Water Supply Scheme, estimated to cost £62,041.

Stratton Rural District

21st September 1954—at the Rural District Council Offices, Bude, into the progress of the scheme of sewerage and sewage disposal at Kilkhampton at an estimated cost of £22,400.

Wadebridge Rural District

5th October 1954—at the Rural District Council Offices, Wadebridge, into the progress of the Wadebridge De Lank Water Scheme, estimated to cost £449,993.

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.

The following is a summary of the works carried out for the year ended 31st December, 1954:—

Visits to works of sewage disposal	...	...	...	92
Visits to industrial plants	...	...	...	243
Inspections of outfalls to rivers	...	...	...	29
Samples of sewage effluent submitted for examination				66
Samples of river water and trade wastes				
submitted for examination	...	...	...	169
Plans of proposed works reported upon			...	22
Ministry of Housing and Local Government Inquiries				
attended	...	...	...	11

WATER SUPPLIES

The County at the present time is being served by 33 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) Three Joint Water Boards with statutory powers:—
South East Cornwall Water Board, North Cornwall Joint Water Board, and Liskeard and District Water Board.
- (c) Five companies with statutory powers:—
Bodmin Water Works Company; Camborne Water Company; Helston & 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.

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 131 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 £4,942,736 and 74 schemes estimated to cost £1,922,649 had been completed or the works were in progress at the end of December 1954.

In the case of 55 schemes, the Ministry have approved lump sum grants totalling £751,620 and in one case a grant of £137.10s.0d. per annum for the period of the guarantee. Ten schemes have been completed during the year at an estimated cost of £182,397.

The County Council have approved the following grants:—

- 1 Scheme—a grant of £814.0s.11d. P.A. for 35 years.
- 34 Schemes—grants totalling £14,573.3s.5d. P.A. for 30 years.
- 3 Schemes—grants totalling £1,262.3s.4d. P.A. for 12 years.
- 4 Schemes—lump sum grants totalling £93,333.

Details of 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	Estimated Cost	Remarks
		£	
Fowey Borough	New Service Reservoir River Fowey Joint Scheme *	17,000 65,794	Approved by Ministry. Ministry Grant £14,000. C.C. Grant £9,333.
Penzance Borough	Penzance Borough St. Just U.D. West Penwith R.D. Gulval Boscathnoe-filters and pumping plant	 745,000 (a) 2,000 (a) 32,000	 Works completed. 15% or work completed.
St. Ives Borough	Halsetown and Rural areas from Amalveor	15,539	Works completed.
Saltash Borough	Extension of mains at Carkeel Trematon Area (2 stages) *	580 29,887	Works completed. —
Camborne- Redruth U.D.	St. Day and Carharrack Lanner and Scorrier Troon Carnkie; Knave-go-By; Treskillard; Four Lanes; Piece and Bosleake	15,524 9,367 (a) 8,815 35,000	Works completed. Works completed. Works completed. Works completed. Grant of £6,500 by Ministry of Agriculture and Fisheries.

District Council or Water Undertaking	Particulars of Scheme	Estimated Cost	Remarks
		£	
Camborne-Redruth U.D. (Contd.)	North Downs—Radnor	* 5,588	—
	Stithians—Reorganisation of mains	*215,040	—
Newquay U.D.	Crantock	(a) 5,635	Works completed.
	Tregurrian	2,908	Works completed.
St. Austell U.D.	River Fowey Scheme	* 166,554	Ministry Grant £50,000 C.C. Grant £25,000.
Torpoint U.D.	Poole—Supplementary supply	500	Works completed.
Camelford R.D.	Helstone; Newhall Green; Trewalda and Polstraul	7,633	Works completed. Ministry Grant £3,900. C.C. Grant £198.1.4. p.a. for 30 years.
	St. Breward	(a) 461	Works completed.
	Boscastle	(a) 270	Works completed.
	Boscastle (new road)	1,183	Works completed. Ministry Grant £280. C.C. Grant £14.4.6. p.a.
	Mount Camel	(a) 365	Works completed.
	Trefrew Road; Dark Lane; Camelford and St. Breward	(a) 675	Works completed.
	Treva	2,228	Works completed. Ministry Grant £600. C.C. Grant £35.11.6. p.a. for 30 years.
	Michaelstow and Treveighan	8,374	Works completed. Ministry of Agriculture and Fisheries Grant £5,500
	Pencarrow	1,048	Works completed. Ministry Grant £600. C.C. Grant £14.7.8. p.a. for 30 years.
	Camelford—Reservoir and Treatment Plant	5,766	Tender accepted. Ministry Grant £1,400. C.C. Grant £43.3.0. p.a. for 30 years.
	Tremail	3,660	Ministry Grant £800.
	Boscastle Augmentation	* 586	Tender accepted.
	Trewennack	3,789	Works completed.
	Grade Ruan and Landewednack	62,041	Nearing completion. Ministry Grant £20,000. C.C. Grant £1,150.14.4. p.a. for 30 years.
	Godolphin Cross and Breage	8,032	Works completed. Ministry Grant £1,500. C.C. Grant £76.3.8. p.a. for 30 years.
Kerrier R.D.	Budock Water, Mawnan, Mawnan Smith, Trebarworthal, Porth Navas	35,125	Ministry Grant £11,000. C.C. £592.5.1. p.a. for 30 years. Works completed.

District Council or Water Undertaking	Particulars of Scheme	Estimated Cost	Remarks
		£	
Kerrier R.D. (Contd.)	Manaccan, St. Anthony, St. Martin-in-Meneage, St. Keverne, Coverack, Cury, Gunwalloe	168,581	Works in progress. Ministry Grant £60,000.
	Boskenwyn and Manhay	14,592	Ministry and C.C. each to make Grant of £4,000 to this and Trewennack combined schemes.
	Breage and District	76,342	Ministry to make Grant of £20,000. C.C. Grant £1,185.16.2. p.a. for 30 years.
	Leedstown, Townshend and Horsedowns	22,547	Nearing completion. Ministry to make Grant of £6,000. C.C. Grant £355.14.10. p.a. for 30 years.
	Stithians (Impounding Scheme)	425,000	—
	Mullion	17,804	Works in progress. Ministry Grant £5,000. C.C. Grant £103.15.2. p.a. for 30 years.
	Mullion Extensions	* 13,000	—
	South Petherwin (1)	3,800	Ministry Inquiry held.
	South Petherwin (2)	1,200	ditto
	Egloskerry and Langore	8,225	ditto
Launceston R.D.	Lewannick	4,500	—
	Altarnun, Five Lanes and Trewint	9,332	Nearing completion. Ministry Grant £2,000. C.C. Grant £111.12.4. p.a. for 30 years.
	Holmbush	* 2,451	Tender with Ministry.
	Canworthy Water and Warbstow	11,023	Works completed. Ministry Grant £3,000. C.C. Grant £168.8.8. p.a. for 30 years.
	North Hill	3,660	Nearing completion. Ministry Grant £1,800.
	Regional Scheme for Parts of S.E. Cornwall	656,380	Ministry Grant £220,000. C.C. Grant £276.0.6. p.a. for 30 years and £814.0.11. p.a. for 35 years. Works in progress.
	Widegates	* 16,315	—
St. Austell R.D.	Polperro—Brent Field	2,450	Works completed.
	Warleggan and Mount	* 10,450	—
	Golant	1,050	Works completed.
	Hewas Water	637	Works completed.
	Roche	488	Works completed.
	Lower Sticker and Polgooth	2,400	Works completed.

District Council or Water Undertaking	Particulars of Scheme	Estimated Cost	Remarks
		£	
St. Austell R.D. (Contd.)	St. Mawgan and Trenance	35,000	Works completed. Ministry Grant £11,800. C.C. Grant £632.6.0. p.a. for 30 years.
	Treviscoe and Trerice (a)	5,600	Works completed.
	Indian Queens, Fraddon and Summercourt	35,000	Works completed. Ministry Grant £24,000. C.C. Grant £691.14.10. p.a. for 30 years.
	Curyan Value (a)	1,152	Works completed.
	Talskiddy	2,280	Works completed. Ministry Grant £800. C.C. Grant £44.9.4. p.a. for 30 years.
	Lower Sticker	1,680	Works completed. Ministry Grant £400. C.C. Grant £23.14.4. p.a. for 30 years.
	Mount Joy *	2,000	Works completed. Ministry Grant £900. C.C. Grant £92.9.10. p.a. for 12 years.
	Fowey (Augmentation)	*206,152	Ministry Grant £55,000. C.C. Grant £55,000.
	St. Mawgan and St. Columb *	20,000	—
St. Germans R.D.	Gunnislake and Hatches Green	621	Works completed. Ministry Grant £4,000 in respect of 5 schemes of water and 3 of sewerage. C.C. approved for Grant.
	Narkurs	1,057	Works completed.
	St. John and Millbrook	2,340	Works completed.
	Tredis (a)	1,200	Works completed.
	Horsepool	300	—
	Fursdon (a)	680	Works completed.
	Hessenford	3,175	Works completed.
	Quethiock and Treweese Cross (a)	560	Works completed.
	Lower Kelly, Calstock (a)	614	Works completed.
	Callington	1,270	Approved by Ministry.
Stratton R.D.	St. Gennys and Crackington Haven	20,000	Borehole sunk and Pump installed.
	Kilkhampton	6,833	Scheme completed Ministry Grant £800. C.C. Grant £47.8.8. p.a. for 30 years.
	Week St. Mary	10,919	Works in progress. Ministry Grant £4,500. C.C. Grant £172.12.2. p.a. for 30 years.

District Council or Water Undertaking	Particulars of Scheme	Estimated Cost	Remarks
		£	
Truro R.D.	Ladock and South Eastern District	149,142	Works completed. Ministry Grant £30,000. C.C. Grant £1,778.4.2. p.a. for 30 years.
	Perranzabuloe	2,385	Works completed. Ministry Grant £800. C.C. Grant £40.12.8. p.a. for 30 years.
	Mitchell	2,200	Works completed. Ministry Grant £340. C.C. Grant £17.5.4. p.a. for 30 years.
	Shortlanesend	(a) 2,500	Works completed.
	Newlyn East	15,050	Works completed. Ministry Grant £4,000. C.C. Grant £203.3.0. p.a. for 30 years.
	Perranporth (Augmentation Scheme)	28,050	Works completed. Ministry Grant £5,250. C.C. Grant £266.12.8. p.a. for 30 years.
	Tresillian	5,500	Works completed. Ministry Grant £137.10.0. p.a. for period of guarantee. C.C. Grant £137.10.0. p.a. for 12 years.
	Probus	1,150	Works completed. Ministry Grant £650. C.C. Grant £33.0.2. p.a. for 30 years.
	Mylor	27,841	Works completed. Ministry Grant £4,250. C.C. Grant £424.7.0. p.a. for 12 years.
	Tretham Mill and St. Mawes	11,300	Works completed. Ministry Grant £900. C.C. Grant 45.14.2. p.a. for 30 years.
	Perranzabuloe	25,407	Works completed. Ministry Grant £7,500. C.C. Grant £431.10.5. p.a. for 30 years.
	Tretham Mill— Relaying of existing mains	(a) 4,186	Works completed.
	St. Agnes (Wheal Kitty)	(a) 1,774	Works completed.
	Chacewater	141,300	Works in progress, nearing completion. Ministry Grant £28,000. C.C. Grant £1,660.2.8. p.a. for 30 years.

District Council or Water Undertaking	Particulars of Scheme	Estimated Cost	Remarks
		£	
Wadebridge R.D.	De Lank Scheme	449,993	Works in progress— 90% completed. Ministry Grant £75,000. C.C. Grant £4,315.4.0. p.a. for 30 years.
West Penwith R.D.	St. Erth	* 13,000	Work in progress. Ministry Grant £2,000.
	Gwinear—Gwithian	32,000	Works completed. Ministry Grant £6,000. C.C. Grant £607.16.6. p.a. for 12 years.
	Goldsithney	(a) 1,936	Works completed.
	St. Buryan	(a) 3,375	Works completed.
	Nancledra	3,021	Works completed. Ministry Grant £600.
	Canonstown	5,405	Works completed.
	Marazion Augmentation	* (a) 4,276	Works completed.
	Drift Scheme	461,098	Ministry Grant £130,000.
	Madron	* 21,419	—
	Hayle	* 63,000	—
South East Cornwall Water Board	River Tiddy Scheme	37,750	—
	Provision of Boosters and Booster Houses	(a) 3,090	Works completed.
North Cornwall Joint Water Board	Duplication of mains	32,650	Works completed. Ministry Grant £3,400. C.C. Grant £172.13.6. p.a. for 30 years.
	St. Endellion Reservoir	8,111	Works completed. Ministry Grant £1,000. C.C. Grant £50.15.9. p.a. for 30 years.
	Extension of Filtration Plant	38,400	Works completed. Ministry Grant £14,000. C.C. Grant £771.5.2. p.a. for 30 years.
	Penmayne	1,530	Works completed. Ministry Grant £350.

(a) Ministry decided not to make Grant

* Scheme submitted during 1954.

SEWERAGE AND SEWAGE DISPOSAL

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.

There are 73 plants in the County where complete treatment is being carried out. Of these 4 have come into operation during the year. There are 153 known outfalls into the sea, tidal and non-tidal rivers, without any treatment being carried out.

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 101 schemes of sewerage and sewage disposal submitted by the local authorities for the County Council's observations. The total estimated cost of these being £1,459,992 of which 13 schemes were submitted during the year 1954 and were estimated to cost £223,278.

Four schemes, estimated to cost £149,625 had been completed at the end of the year.

In the case of 10 schemes, estimated to cost £58,743, the Ministry decided not to make a grant but in respect of 22 other schemes, lump sum grants totalling £102,100 were approved.

The County Council approved grants amounting to £4,509 per annum for 30 years in respect of 12 schemes and one lump sum grant of £155.

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 and Dracaena Avenue	103,000	Nearing completion.
Helston Borough	Extension of Disposal Works	15,042	Works completed.
Liskeard Borough	Borough Scheme	75,000	—
Lostwithiel Borough	Borough Scheme	33,000	Scheme deferred.
Penryn Borough	Borough Scheme	* 37,000	—
Penzance Borough	Gulval	(a) 17,000	Works completed.
	Alverton	(a) 9,800	Works completed.
	Sheffield	(a) 2,636	Works completed.
	Paul and Mousehole	* 5,875	
Saltash Borough	Borough Works	36,183	Deferred.
Truro City	Bodmin Road and Tregurra Lane	3,454	Works completed.
	Tresawls Road and Highertown	(a) 4,380	Works completed.
Bude-Stratton Urban District	Poughill	(a) 5,970	Works completed.
	Stratton	398	Scheme approved by Ministry.
Looe Urban District	East Cliff Sea Outfall	* 4,742	Ministry Inquiry held.
Newquay Urban District	Crantock	(a) 12,136	Works completed.
St. Just Urban District	St. Just and Tregeseal	* 21,150	—

District Council	Particulars of Scheme	Estimated Cost	Remarks
		£	
Camelford R.D.	Bossinney	6,492	Works completed. Ministry Grant £2,500. C.C. Grant £131.4.4. p.a. for 30 years.
	Boscastle	17,077	Works completed. Ministry Grant £6,000. C.C. Grant £279.6.6. p.a. for 30 years.
	Trevenna	19,994	Works completed. Ministry Grant £6,500. C.C. Grant £330.2.2. p.a. for 30 years.
	St. Breward	* 30,075	—
	St. Teath	9,186	Works completed. Ministry Grant £4,000. C.C. Grant £203.3.0. p.a. for 30 years.
	Trewassa and Tremail	2,000	—
	Delabole	25,097	Works completed. Ministry Grant £9,000. C.C. Grant £457.1.8. p.a. for 30 years.
	Trevia	3,700	—
	Tregoodwell	1,000	—
	Trewarmett	2,500	—
	Treknow	12,153	Ministry Grant £5,000. Work in progress.
	Trevalga	2,100	—
	Camelford	2,900	—
	Helstone	2,800	—
	Penpont and Lower Lank	4,400	—
	Tintagel and Bosinney (a) (Extension)	304	Works in progress. Bosinney Section completed.
Kerrier R.D.	Praze and Beeble	20,600	Works completed. Ministry Grant £6,000. C.C. Grant £345.4.4. p.a. for 30 years.
	Ruan Minor and St. Ruan	13,800	These schemes are awaiting the provision of water schemes
	St. Keverne and Porthoustock	14,000	
	Constantine	* 55,000	—
	Mabe	25,400	—
	Leedstown	8,000	These schemes are awaiting the provision of water schemes.
	Manaccan	4,560	
	Mawnan Smith	30,000	Detailed scheme prepared.
	Nancegollan	9,000	—
Launceston R.D.	Budock Water	13,675	—
	Altarnun and Five Lanes	14,000	Scheme with Ministry.
	North Hill	9,600	Works completed. Ministry Grant £4,000. C.C. Grant £223.4.8. p.a. for 30 years.

District Council	Particulars of Scheme	Estimated Cost	Remarks
		£	
Launceston R.D. (Contd.)	South Petherwin and Daws House	13,550	—
	Venterdon and Stoke Climsland	13,600	—
	Lewannick	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 R.D.	Dobwalls	15,614	—
	Crows Nest	1,561	—
	St. Cleer	34,835	Works completed. Ministry Grant £13,500. C.C. Grant £778.7.8. p.a. for 30 years.
	Seaton Bridge	8,890	Works completed. Ministry Grant £3,000. C.C. Grant £167.8.6. p.a. for 30 years.
	Upton Cross	4,895	—
	Menheniot	18,880	—
	Cheesewring	6,784	—
	St. Neot	7,726	—
	Lanreath	7,975	—
	Duloe	7,536	—
	Tredinnick	2,115	—
	Polperro	810	Works completed. Ministry Grant £500. C.C. Grant £155.
St. Austell R.D.	Grampound	4,320	Sewerage completed. Treatment works not yet commenced.
	Gorran	2,840	—
	Golant Outfall	(a) 1,360	Works completed.
	Trewoon and Polgooth	25,470	Ministry Grant £7,000.
	Trethosa Diversion	(a) 3,042	Works completed.
	St. Dennis	* 8,100	—
St. Germans R.D.	Seaton	4,783	Works completed.
	Quethiock	3,625	Works completed.
	St. Germans	6,550	Works in progress.
	Callington and Kelly Bray	16,500	—
Stratton R.D.	Widemouth Bay	13,600	Deferred
	Bangors Poundstock	(a) 2,115	Works completed.
	Kilkhampston	22,400	Works completed. Ministry Grant £9,500. C.C. Grant £546.11.10. p.a. for 30 years.

District Council	Particulars of Scheme	Estimated Cost	Remarks
		£	
Stratton R.D. (Contd.)	Week St. Mary	9,674	Ministry Grant £5,000. C.C. Grant £287.13.6. p.a. for 30 years.
	St. Gennys	* 4,234	—
	Grimscott Launcells	3,034	Works completed. Ministry Grant £1,500. C.C. Grant £88.18.8. p.a. for 30 years
Truro R.D.	Blackwater	17,500	Works 75% completed. Ministry Grant £3,000. C.C. Grant £230.3.4. p.a. for 30 years.
	St. Mawes	16,000	Part of scheme completed.
	Goonhavern	6,300	—
	Flushing	17,700	Part of work in hand.
	Tresillian	16,437	Ministry Grant £6,000.
	Gerrans and Portscatho	* 10,588	—
	Mylor Bridge	* 22,484	—
	Kea, Playing Place	* 14,029	—
Wadebridge R.D.	St. Merryn	6,101	—
	Lanivet	16,250	—
	Blisland	* 4,841	—
West Penwith R.D.	St. Buryan	13,110	Works completed. Ministry Grant £4,800. C.C. Grant £284.11.10. p.a. for 30 years.
	Sennen Cove	13,500	Works completed. Ministry Grant £2,800. C.C. Grant £156.5.2. p.a. for 30 years.
	Sennen Extension	* 5,160	—
	Goldsithney	54,000	—
	St. Erth and Canonstown	* 42,300	—
	Ludgvan and Crowlas	* 29,350	—
	Treen	* 2,270	—
	Gwinear and Angarrack	* 87,260	—

(a) Ministry decided not to make grant

* Scheme submitted during 1954.

WATER SUPPLIES, SEWERAGE & SEWAGE DISPOSAL SCHEMES

Summary showing schemes of Water Supply, Sewerage and Sewage Disposal submitted by local authorities and other Water Undertakings for the County Council's observations since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, to the 31st December, 1954, and the progress made with such schemes.

GRANTS TOWARDS SCHEMES APPROVED															
	No. of schemes submitted	Estimated cost of schemes	Grant Refused	By Ministry		By County Council.									
				P.A. for 35 years		P.A. for 30 years		P.A. for 12 years		Lump Sum					
				No.	Grant	No.	Grant	No.	Grant	No.	Grant				
				No.	Est. Cost	No.	Grant	No.	Grant	No.	Grant				
Water	...	131	4,942,736	21	81,164	55	*751,620	1	814.0.11.	34	14,573. 3.5.	3	1,262.3.4.	4	93,333
Sewerage	...	101	1,459,992	10	58,743	22	102,100	—	—	15	4,509. 7.2.	—	—	1	155
Totals	...	232	6,402,728	31	139,907	77	*853,720	1	814.0.11.	49	19,082.10.7.	3	1,262.3.4.	5	252,247

* Plus a grant of £137.10s.0d. P.A. for 12 years.

Of the 131 schemes of water supply submitted at a total cost of £4,942,736, 74 schemes, estimated to cost £1,922,649, had been completed or the works in progress at the end of December 1954.

Of the 101 schemes of Sewerage and Sewage Disposal submitted at a total estimated cost of £1,459,992, 36 schemes, estimated to cost £483,860 had been completed or were in progress at the end of December, 1954.

GRANTS TO LOCAL AUTHORITIES FOR SCHEMES OF WATER SUPPLY

SUMMARY

Since the coming into operation of the Rural Water Supplies & Sewerage Act, 1944, in only two instances have the Ministry approved a grant for water schemes to a Borough or Urban District within the County. In one case the Ministry of Agriculture and Fisheries made a grant to an Urban District.

The following Table summarizes the grants approved to the end of December 1954 to the respective local authorities and water undertakings:—

Local Authority	No. of Schemes	Total Estimated Cost	GRANTS APPROVED				
			By Ministry	By County Council			Lamp Sum
				P.A. for 35 years	P.A. for 30 years	P.A. for 12 years	
Fowey Borough	1	65,794	14,000	—	—	—	9,333
Camborne U.D.C.	1	35,000	6,500(a)	—	—	—	—
St. Austell U.D.C.	1	166,554	50,000	—	—	—	25,000
Camelford R.D.C.	7	29,892	13,080	—	305. 8. 0.	—	—
Kerrier R.D.C.	8	343,023	127,500	—	2,313.14.11.	—	4,000
Launceston R.D.C.	3	24,015	6,800	—	279. 1. 0.	—	—
Liskeard R.D.C.	1	656,380	120,000	814.0.11	276. 0. 6.	—	—
St. Austell R.D.C.	6	514,460	92,900	—	1,392. 4. 6.	92. 9.10.	55,000
St. Germans R.D.C.	5	8,463	1,500	—	—	—	—
Stratton R.D.C.	2	17,752	5,300	—	220. 0.10.	—	—
Truro R.D.C.	11	409,325	81,690(b)	—	4,476.15. 3.	561.17. 0.	—
Wadebridge R.D.C.	1	449,993	75,000	—	4,315. 4. 0.	—	—
West Penwith R.D.C.	4	496,419	138,600	—	—	607.16. 6.	—
North Cornwall Joint Board	4	80,691	18,750	—	994.14. 5.	—	—
Totals	55	3,297,761	751,620	814.0.11	14,573. 3. 5.	1,262. 3. 4.	93,333

(a) Grant by Ministry of Agriculture and Fisheries.

(b) Plus £137.10s.0d. per annum for 12 years.

GRANTS TO LOCAL AUTHORITIES FOR SEWERAGE & SEWAGE DISPOSAL

S U M M A R Y

Since the coming into operation of the Water Supplies and Sewerage Act, 1944, no grants have been approved by the Ministry in respect of schemes of sewerage and sewage disposal for Boroughs or Urban Districts, within the County.

The following Table summarizes the grants approved in respect of Rural Districts:—

Local Authority	No. of Schemes	Total Estimated Cost £	Grants Approved By County Council		
			By Ministry £	Per Annum for 30 years	
				£	s. d.
Camelford R.D.C.	6	89,999	33,000	1,400	17 8
Kerrier „	1	20,600	6,000	345	4 4
Launceston „	1	9,600	4,000	223	4 8
Liskeard „	3	44,535	17,000	945	16 2*
St. Austell „	1	25,470	7,000	—	—
St. Germans „	3	14,958	2,500	—	—
Stratton „	3	34,808	16,000	923	4 0
Truro „	2	27,937	9,000	230	3 4
Wadebridge „	—	—	—	—	—
West Penwith	2	26,610	7,600	440	17 0
Totals	22	£294,517	£102,100	£4,509	7 2

* Plus £155 Lump Sum Grant.

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.

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 31st December, 1954, is shown in the following Table:—

Rural District	No. of parishes in Rural districts		No. of parishes completed	Parishes under survey but not completed	No. of houses inspected	Classification Category					No. of new houses erected	
						1	2	3	4	5	By local Authority	By Private Enterprise
Camelford	...	13	13	—	1769	221	651	517	225	155	160	45
						Conversion of other buildings					42	
Kerrier	...	21	—	16	1333	50	96	249	319	619	343	131
Launceston	...	17	17	—	1376	164	398	661	59	94	55	27
Liskeard	...	21	—	21	859	29	126	254	168	11	259	79
St. Austell	...	17	1	11	1303	305	140	594	2	262	510	96
						Erection of flats					12	—
St. Germans	...	16	—	—	—	—	—	—	—	—	392	102
						Temporary conversions					28	—
Stratton	...	10	—	9	156	15	25	36	32	49	151	42
Truro	...	24	24	—	5799	202	424	893	3142	1138	476	194
Wadebridge	...	19	17	2	2575	308	540	541	783	403	363	111
West Penwith	...	17	6	12	2219	677	658	518	206	160	218	96
Totals	...	175	78	71	17389	1971	3058	4533	4936	2891	2807	878
						%	%	%	%	%		
						11.3	17.6	26.0	28.4	16.6		

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.

TABLE I.

Estimated Population and Total Number of Births and Deaths in each Sanitary District during the Year 1954.

AREA IN ACRES.	SANITARY DISTRICT	ESTI- MATED HOME POPU- LATION 1954	LIVE BIRTHS.								DEATHS.								
			Legiti- mate		Illegiti- mate		Total.	Rate.	District Comparability Factor	Stillbirths.	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	6,420	42	30	2	6	80	12.46	1.16	6	2	2	4	50.00	92	113	205	31.93	0.73
4,294	Bude-Stratton	5,130	31	28	4	1	64	12.48	1.12	2					44	36	80	15.99	0.68
22,062	Camborne—																		
	Redruth	35,450	245	237	8	16	506	14.27	1.01	20	5	7	12	23.72	214	243	457	12.89	0.87
1,880	Falmouth	16,560	107	111	5	6	229	13.83	1.08	10	5	2	7	30.57	116	114	230	13.89	0.87
2,979	Fowey	2,270	8	9	2		19	8.37	1.07	2	1		1	52.63	18	12	30	13.22	0.79
4,014	Helston	5,820	60	48	3	1	112	19.24	0.94	3	3		3	26.79	61	44	105	18.04	0.77
2,182	Launceston	4,660	35	26		1	62	13.30	1.07	1					51	45	96	20.60	0.70
2,704	Liskeard	4,360	18	33		1	52	11.93	1.11	1					54	61	115	26.38	0.62
1,691	Looe	3,670	21	24	2		47	12.81	1.16	1	2		2	42.55	27	27	54	14.71	0.71
3,156	Lostwithiel	2,060	7	12	1		20	9.71	1.09	2	1		1	50.00	18	18	36	17.48	0.65
4,599	Newquay	9,970	60	60	2	5	127	12.74	1.05	4	4		4	31.50	70	74	144	14.44	0.70
3,343	Padstow	2,880	22	31		1	54	18.75	0.97	1		1	1	18.52	13	19	32	11.11	0.77
829	Penryn	4,250	47	38	1	3	89	20.94	0.95	5	5		5	56.18	26	20	46	10.82	1.05
3,155	Penzance	19,970	115	117	13	1	246	12.32	1.09	9	6		6	24.39	148	128	276	13.82	0.78
18,379	St. Austell	23,610	165	160	7	6	338	14.32	1.10	12	4	5	9	26.63	161	157	318	13.47	0.78
4,287	St. Ives	8,510	47	45	4	2	98	11.52	1.08	5	2		2	20.41	62	52	114	13.40	0.69
7,634	St. Just	4,000	26	28	2	2	58	14.50	1.14	2	1		1	17.24	31	19	50	12.50	0.81
5,335	Saltash	7,480	56	56	2	2	116	15.51	1.04	2	4		4	34.48	53	52	105	14.04	0.78
975	Torpoint	6,210	38	25		1	64	10.31	1.26	2					25	20	45	7.25	1.40
2,634	Truro City	13,420	102	79	4	5	190	14.16	0.99	4	1	2	3	15.79	65	76	141	10.51	0.86
99,444	TOTALS	186,700	1252	1167	60	62	2,571	13.77	1.06	90	46	19	65	25.28	1,349	1,330	2,679	14.35	0.80
RURAL.																			
52,544	Camelford	7,380	54	45	6	2	107	14.50	1.14			1	1	9.35	43	44	87	11.79	0.83
90,839	Kerrier	22,170	135	130	7	4	276	12.45	1.07	10	3	3	6	21.74	125	122	247	11.14	0.91
73,051	Launceston	6,480	60	51	1	1	113	17.44	1.13	5	2		2	17.70	30	24	54	8.33	0.81
104,803	Liskeard	14,050	99	89	3	4	195	13.88	1.14	5	3		3	15.38	90	73	163	11.60	0.79
82,389	St. Austell	21,860	172	139	9	14	334	15.28	1.05	12	5	1	6	25.64	112	119	231	10.57	0.91
48,433	St. Germans	16,220	120	99	5	3	227	14.00	1.18	7	1	3	4	17.62	124	91	215	13.26	0.83
56,285	Stratton	5,630	50	35	1		86	15.28	1.31						28	23	51	9.06	0.99
108,316	Truro	26,940	174	172	5	4	355	13.18	1.13	15	2	3	5	14.08	208	159	367	13.62	0.76
88,230	Wadebridge	16,350	136	107	3	4	250	15.29	1.08	6	3	2	5	20.00	99	103	202	12.35	0.90
59,792	West Penwith	17,570	140	114	5	7	266	15.14	1.06	5	2	1	3	11.28	100	121	221	12.58	0.83
764,682	TOTALS	154,650	1140	981	45	43	2,209	14.28	1.11	65	21	14	35	15.84	959	879	1,838	11.89	0.85
864,126	Whole County	341,350	2392	2178	105	105	4,780	14.00	1.08	155	67	33	100	20.92	2,308	2,209	4,517	13.23	0.82
4,041	Scilly Isles	1,850	13	12	1		26	14.05	0.94	1				38.46	15	5	20	10.81	1.00

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.

Estimated Population and Total Number of Births and Deaths in

Year	District	Population	Total Number of Births	Total Number of Deaths	Rate of Births per 1,000	Rate of Deaths per 1,000
1900	Alameda	10,000	1,000	100	10.0	1.0
1901	Alameda	10,500	1,050	105	10.0	1.0
1902	Alameda	11,000	1,100	110	10.0	1.0
1903	Alameda	11,500	1,150	115	10.0	1.0
1904	Alameda	12,000	1,200	120	10.0	1.0
1905	Alameda	12,500	1,250	125	10.0	1.0
1906	Alameda	13,000	1,300	130	10.0	1.0
1907	Alameda	13,500	1,350	135	10.0	1.0
1908	Alameda	14,000	1,400	140	10.0	1.0
1909	Alameda	14,500	1,450	145	10.0	1.0
1910	Alameda	15,000	1,500	150	10.0	1.0
1911	Alameda	15,500	1,550	155	10.0	1.0
1912	Alameda	16,000	1,600	160	10.0	1.0
1913	Alameda	16,500	1,650	165	10.0	1.0
1914	Alameda	17,000	1,700	170	10.0	1.0
1915	Alameda	17,500	1,750	175	10.0	1.0
1916	Alameda	18,000	1,800	180	10.0	1.0
1917	Alameda	18,500	1,850	185	10.0	1.0
1918	Alameda	19,000	1,900	190	10.0	1.0
1919	Alameda	19,500	1,950	195	10.0	1.0
1920	Alameda	20,000	2,000	200	10.0	1.0
1921	Alameda	20,500	2,050	205	10.0	1.0
1922	Alameda	21,000	2,100	210	10.0	1.0
1923	Alameda	21,500	2,150	215	10.0	1.0
1924	Alameda	22,000	2,200	220	10.0	1.0
1925	Alameda	22,500	2,250	225	10.0	1.0
1926	Alameda	23,000	2,300	230	10.0	1.0
1927	Alameda	23,500	2,350	235	10.0	1.0
1928	Alameda	24,000	2,400	240	10.0	1.0
1929	Alameda	24,500	2,450	245	10.0	1.0
1930	Alameda	25,000	2,500	250	10.0	1.0
1931	Alameda	25,500	2,550	255	10.0	1.0
1932	Alameda	26,000	2,600	260	10.0	1.0
1933	Alameda	26,500	2,650	265	10.0	1.0
1934	Alameda	27,000	2,700	270	10.0	1.0
1935	Alameda	27,500	2,750	275	10.0	1.0
1936	Alameda	28,000	2,800	280	10.0	1.0
1937	Alameda	28,500	2,850	285	10.0	1.0
1938	Alameda	29,000	2,900	290	10.0	1.0
1939	Alameda	29,500	2,950	295	10.0	1.0
1940	Alameda	30,000	3,000	300	10.0	1.0
1941	Alameda	30,500	3,050	305	10.0	1.0
1942	Alameda	31,000	3,100	310	10.0	1.0
1943	Alameda	31,500	3,150	315	10.0	1.0
1944	Alameda	32,000	3,200	320	10.0	1.0
1945	Alameda	32,500	3,250	325	10.0	1.0
1946	Alameda	33,000	3,300	330	10.0	1.0
1947	Alameda	33,500	3,350	335	10.0	1.0
1948	Alameda	34,000	3,400	340	10.0	1.0
1949	Alameda	34,500	3,450	345	10.0	1.0
1950	Alameda	35,000	3,500	350	10.0	1.0
1951	Alameda	35,500	3,550	355	10.0	1.0
1952	Alameda	36,000	3,600	360	10.0	1.0
1953	Alameda	36,500	3,650	365	10.0	1.0
1954	Alameda	37,000	3,700	370	10.0	1.0
1955	Alameda	37,500	3,750	375	10.0	1.0
1956	Alameda	38,000	3,800	380	10.0	1.0
1957	Alameda	38,500	3,850	385	10.0	1.0
1958	Alameda	39,000	3,900	390	10.0	1.0
1959	Alameda	39,500	3,950	395	10.0	1.0
1960	Alameda	40,000	4,000	400	10.0	1.0
1961	Alameda	40,500	4,050	405	10.0	1.0
1962	Alameda	41,000	4,100	410	10.0	1.0
1963	Alameda	41,500	4,150	415	10.0	1.0
1964	Alameda	42,000	4,200	420	10.0	1.0
1965	Alameda	42,500	4,250	425	10.0	1.0
1966	Alameda	43,000	4,300	430	10.0	1.0
1967	Alameda	43,500	4,350	435	10.0	1.0
1968	Alameda	44,000	4,400	440	10.0	1.0
1969	Alameda	44,500	4,450	445	10.0	1.0
1970	Alameda	45,000	4,500	450	10.0	1.0
1971	Alameda	45,500	4,550	455	10.0	1.0
1972	Alameda	46,000	4,600	460	10.0	1.0
1973	Alameda	46,500	4,650	465	10.0	1.0
1974	Alameda	47,000	4,700	470	10.0	1.0
1975	Alameda	47,500	4,750	475	10.0	1.0
1976	Alameda	48,000	4,800	480	10.0	1.0
1977	Alameda	48,500	4,850	485	10.0	1.0
1978	Alameda	49,000	4,900	490	10.0	1.0
1979	Alameda	49,500	4,950	495	10.0	1.0
1980	Alameda	50,000	5,000	500	10.0	1.0
1981	Alameda	50,500	5,050	505	10.0	1.0
1982	Alameda	51,000	5,100	510	10.0	1.0
1983	Alameda	51,500	5,150	515	10.0	1.0
1984	Alameda	52,000	5,200	520	10.0	1.0
1985	Alameda	52,500	5,250	525	10.0	1.0
1986	Alameda	53,000	5,300	530	10.0	1.0
1987	Alameda	53,500	5,350	535	10.0	1.0
1988	Alameda	54,000	5,400	540	10.0	1.0
1989	Alameda	54,500	5,450	545	10.0	1.0
1990	Alameda	55,000	5,500	550	10.0	1.0
1991	Alameda	55,500	5,550	555	10.0	1.0
1992	Alameda	56,000	5,600	560	10.0	1.0
1993	Alameda	56,500	5,650	565	10.0	1.0
1994	Alameda	57,000	5,700	570	10.0	1.0
1995	Alameda	57,500	5,750	575	10.0	1.0
1996	Alameda	58,000	5,800	580	10.0	1.0
1997	Alameda	58,500	5,850	585	10.0	1.0
1998	Alameda	59,000	5,900	590	10.0	1.0
1999	Alameda	59,500	5,950	595	10.0	1.0
2000	Alameda	60,000	6,000	600	10.0	1.0
2001	Alameda	60,500	6,050	605	10.0	1.0
2002	Alameda	61,000	6,100	610	10.0	1.0
2003	Alameda	61,500	6,150	615	10.0	1.0
2004	Alameda	62,000	6,200	620	10.0	1.0
2005	Alameda	62,500	6,250	625	10.0	1.0
2006	Alameda	63,000	6,300	630	10.0	1.0
2007	Alameda	63,500	6,350	635	10.0	1.0
2008	Alameda	64,000	6,400	640	10.0	1.0
2009	Alameda	64,500	6,450	645	10.0	1.0
2010	Alameda	65,000	6,500	650	10.0	1.0
2011	Alameda	65,500	6,550	655	10.0	1.0
2012	Alameda	66,000	6,600	660	10.0	1.0
2013	Alameda	66,500	6,650	665	10.0	1.0
2014	Alameda	67,000	6,700	670	10.0	1.0
2015	Alameda	67,500	6,750	675	10.0	1.0
2016	Alameda	68,000	6,800	680	10.0	1.0
2017	Alameda	68,500	6,850	685	10.0	1.0
2018	Alameda	69,000	6,900	690	10.0	1.0
2019	Alameda	69,500	6,950	695	10.0	1.0
2020	Alameda	70,000	7,000	700	10.0	1.0
2021	Alameda	70,500	7,050	705	10.0	1.0
2022	Alameda	71,000	7,100	710	10.0	1.0
2023	Alameda	71,500	7,150	715	10.0	1.0
2024	Alameda	72,000	7,200	720	10.0	1.0
2025	Alameda	72,500	7,250	725	10.0	1.0
2026	Alameda	73,000	7,300	730	10.0	1.0
2027	Alameda	73,500	7,350	735	10.0	1.0
2028	Alameda	74,000	7,400	740	10.0	1.0
2029	Alameda	74,500	7,450	745	10.0	1.0
2030	Alameda	75,000	7,500	750	10.0	1.0
2031	Alameda	75,500	7,550	755	10.0	1.0
2032	Alameda	76,000	7,600	760	10.0	1.0
2033	Alameda	76,500	7,650	765	10.0	1.0
2034	Alameda	77,000	7,700	770	10.0	1.0
2035	Alameda	77,500	7,750	775	10.0	1.0
2036	Alameda	78,000	7,800	780	10.0	1.0
2037	Alameda	78,500	7,850	785	10.0	1.0
2038	Alameda	79,000	7,900	790	10.0	1.0
2039	Alameda	79,500	7,950	795	10.0	1.0
2040	Alameda	80,000	8,000	800	10.0	1.0
2041	Alameda	80,500	8,050	805	10.0	1.0
2042	Alameda	81,000	8,100	810	10.0	1.0
2043	Alameda	81,500	8,150	815	10.0	1.0
2044	Alameda	82,000	8,200	820	10.0	1.0
2045	Alameda	82,500	8,250	825	10.0	1.0
2046	Alameda	83,000	8,300	830	10.0	1.0
2047	Alameda	83,500	8,350	835	10.0	1.0
2048	Alameda	84,000	8,400	840	10.0	1.0
2049	Alameda	84,500	8,450	845	10.0	1.0
2050	Alameda	85,000	8,500	850	10.0	1.0
2051	Alameda	85,500	8,550	855	10.0	1.0
2052	Alameda	86,000	8,600	860	10.0	1.0
2053	Alameda	86,500	8,650	865	10.0	1.0
2054	Alameda	87,000	8,700	870	10.0	1.0
2055	Alameda	87,500	8,750	875	10.0	1.0
2056	Alameda	88,000	8,800	880	10.0	1.0
2057	Alameda	88,500	8,850	885	10.0	1.0
2058	Alameda	89,000	8,900	890	10.0	1.0
2059	Alameda	89,500	8,950	895	10.0	1.0
2060	Alameda	90,000	9,000	900	10.0	1.0
2061	Alameda	90,500	9,050	905	10.0	1.0
2062	Alameda	91,000	9,100	910	10.0	1.0
2063	Alameda	91,500	9,150	915	10.0	1.0
2064	Alameda	92,000	9,200	920	10.0	1.0
2065	Alameda	92,500	9,250	925	10.0	1.0
2066	Alameda	93,000	9,300	930	10.0	1.0
2067	Alameda	93,500	9,350	935	10.0	1.0
2068	Alameda	94,000	9,400	940	10.0	1.0
2069	Alameda	94,500	9,450	945	10.0	1.0
2070	Alameda	95,000	9,500	950	10.0	1.0
2071	Alameda	95,500	9,550	955	10.0	1.0
2072	Alameda	96,000	9,600	960	10.0	1.0
2073	Alameda	96,500	9,650	965	10.0	1.0
2074	Alameda	97,000	9,700	970	10.0	1.0
2075	Alameda	97,500	9,750	975	10.0	1.0
2076	Alameda	98,000	9,800	980	10.0	1.0
2077	Alameda	98,500	9,850	9		

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		
		3	4	5	6	7	8		9	10	11	12	13	14	15	16	17
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
1952	(e) 340,861	2370	2294	113	104	4881	14.32	115	84	65	149	30.52	2105	2271	4376	12.84
1953	(e) 341,463	2347	2219	90	129	4785	14.01	118	77	51	128	26.75	2193	2322	4515	13.22
1954	(e) 341,350	2392	2178	105	105	4780	14.00	155	67	33	100	20.92	2308	2209	4517	13.23

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 1954.

SANITARY DISTRICT	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Meningococcal infection	Acute Poliomyelitis	Acute Encephalitis	Dysentery	Puerperal Pyrexia	Paratyphoid Fever	Food Poisoning	Erysipelas	Acute Rheumatism	
URBAN															
Bodmin ...	5	23	-	-	-	-	-	-	3	1	-	-	-	2	
Bude-Stratton ...	2	2	-	25	4	1	-	-	-	-	-	-	-	-	
Camborne-Redruth ...	26	56	-	4	36	-	-	1	21	126	-	34	8	-	33
Falmouth ...	2	6	-	2	4	3	1	-	-	2	-	-	-	1	
Fowey ...	19	10	-	1	-	-	-	-	-	-	-	-	-	-	
Helston ...	1	36	-	-	-	-	-	-	-	2	-	-	-	-	
Launceston ...	1	-	-	12	2	-	1	-	1	-	-	-	1	-	
Liskeard ...	-	24	-	-	4	-	-	-	-	-	-	-	-	-	
Looe ...	-	50	-	25	6	-	-	-	41	1	-	1	1	-	11
Lostwithiel ...	3	1	-	-	2	-	-	-	-	-	-	-	-	1	
Newquay ...	4	15	-	67	1	-	1	-	-	-	-	-	-	-	
Padstow ...	-	2	-	-	-	-	-	-	-	-	-	-	-	-	
Penryn ...	2	3	-	-	-	-	-	-	-	-	-	-	-	-	
Penzance ...	11	31	-	7	-	-	-	-	-	1	-	-	-	-	
St. Austell ...	3	12	-	4	4	-	-	-	1	-	-	-	-	-	
St. Ives ...	5	9	-	164	-	-	-	-	-	1	-	-	-	1	11
St. Just ...	-	28	-	2	-	-	-	-	-	-	-	-	-	-	
Saltash ...	2	126	-	4	15	-	-	-	-	1	-	-	3	-	
Torpoint ...	2	15	-	2	-	-	2	-	-	-	-	-	-	-	
Truro City ...	4	15	-	3	3	1	1	-	-	-	-	-	-	2	
TOTALS ...	92	464	-	322	81	5	6	1	67	135	-	35	13	7	11
RURAL															
Camelford ...	3	56	-	3	22	-	1	-	-	-	-	-	-	-	
Kerrier ...	7	106	-	1	-	-	-	1	4	-	-	1	1	-	
Launceston ...	-	5	-	1	3	-	-	-	1	1	-	-	-	-	
Liskeard ...	4	93	-	26	19	-	-	-	13	-	-	-	-	-	
St. Austell ...	5	46	-	135	4	-	-	-	-	-	-	-	1	1	
St. Germans ...	12	190	-	2	12	-	1	-	-	1	-	-	3	-	
Stratton ...	3	14	-	-	2	2	-	-	1	-	-	-	-	-	
Truro ...	17	215	-	46	46	-	2	-	-	4	-	-	6	-	
Wadebridge ...	3	47	-	1	9	-	-	-	1	1	-	8	1	-	
West Penwith ...	16	58	-	14	5	-	-	-	15	1	-	-	1	-	
TOTALS ...	70	830	-	229	122	2	4	1	35	8	-	9	13	1	11
Whole County ...	162	1294	-	551	203	7	10	2	102	143	-	44	26	8	22

1 case of Ophthalmia Neonatorum was notified during the year. There were no notifications of typhoid and a single case of malaria notified was believed to have been contracted abroad.

TABLE IV.

NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED IN
RECENT YEARS.

Infectious Disease	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Scarlet Fever ...	386	280	167	176	214	263	311	284	236	162
Whooping Cough ...	473	550	720	1393	641	729	1485	421	1211	1294
Diphtheria ...	206	155	44	27	3	16	10	11	8	—
Measles ...	3989	267	2288	2286	3569	668	5813	1041	6391	551
Pneumonia ...	243	205	221	170	208	221	264	157	184	203
Cerebro-spinal Fever ...	18	17	9	4	2	8†	5†	7†	2†	7†
Acute Poliomyelitis	28	3	32	17	105	} 98†	36†	31†	30†	10†
Acute Polio-encephalitis ...	1	1	—	1	5					
Acute Encephalitis Lethargica ...	1	1	—	—	—					
Bacillary Dysentery ...	117	17	29	17	38	27	82	20	19	102
Ophthalmia Neonatorum ...	21	14	13	6	4	2	—	3	3	1
Puerperal Pyrexia	61	89	79	51	71	58	58	124†	127†	143†
Smallpox ...	—	—	—	—	4	—	—	—	—	—
Paratyphoid Fevers ...	4	1	4	1	1	—	1	4	2	—
Typhoid Fever (excluding Paratyphoid) ...	2	—	—	2	—	2	—	—	—	—
Food Poisoning* ...	—	—	—	—	27	87	36	68	44	44
Erysipelas ...	65	58	48	42	52	54	35	27	24	26
Scarlet Fever ...	17	12	1	3	—	—	2	2	2	1
Acute Rheumatism§ ...	—	—	—	—	—	3	12	5	4	8
TOTALS	5631	1670	3655	4196	4944	2237	8153	2200	8292	2554

*—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).

‡—The definition of Puerperal Pyrexia was revised by the Puerperal Pyrexia Regulations, 1951, which came into operation on 1.8.51.

TABLE V.
CAUSES OF DEATH AT SPECIFIED AGES, 1954.

Cause of death	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
1. Tuberculosis, respiratory ...	66	—	—	1	1	19	24	17	4
2. Tuberculosis, other ...	7	1	—	—	—	1	3	1	1
3. Syphilitic disease ...	14	—	—	—	—	—	9	4	1
4. Diphtheria ...	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	3	2	—	—	—	—	—	1	—
6. Meningococcal Infections ...	3	1	—	1	—	—	—	—	1
7. Acute Poliomyelitis ...	1	—	—	—	—	—	1	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ...	12	1	—	3	1	3	3	1	—
10. Malignant neoplasm, stomach ...	136	—	—	—	—	3	27	53	53
11. do. lung, bronchus ...	92	—	—	—	—	2	43	36	11
12. do. breast ...	71	—	—	—	—	6	24	25	16
13. do. uterus ...	31	—	—	—	—	3	18	6	4
14. Other malignant lymphatic neoplasms ...	418	1	1	3	2	21	136	129	126
15. Leukaemia, aleukaemia ...	16	—	2	2	1	1	4	4	2
16. Diabetes ...	22	—	—	—	—	—	5	3	14
17. Vascular lesions of nervous system ...	665	—	—	—	1	10	109	213	300
18. Coronary disease, Angina ...	565	—	—	—	—	4	151	219	191
19. Hypertension with heart disease ...	130	—	—	—	—	1	22	40	67
20. Other heart disease ...	986	—	—	1	2	10	87	233	653
21. Other circulatory disease ...	198	—	—	—	—	4	28	71	96
22. Influenza ...	15	—	—	—	—	—	2	5	8
23. Pneumonia ...	138	15	3	1	—	5	12	28	74
24. Bronchitis ...	117	2	—	—	—	1	25	45	44
25. Other diseases of respiratory system ...	49	—	1	—	—	2	18	16	13
26. Ulcer of stomach and duodenum ...	39	—	—	—	—	1	14	11	13
27. Gastritis, enteritis and diarrhoea ...	13	3	1	1	—	—	3	2	3
28. Nephritis and Nephrosis ...	74	—	—	1	2	6	26	21	16
29. Hyperplasia of prostate ...	56	—	—	—	—	—	3	20	30
30. Pregnancy, childbirth, abortion ...	4	—	—	—	1	2	—	1	—
31. Congenital malformations ...	31	18	—	1	2	2	4	4	—
32. Other defined and ill-defined diseases ...	401	53	6	5	1	16	73	60	180
33. Motor vehicle accidents ...	39	1	—	1	19	4	11	1	—
34. All other accidents ...	91	2	5	1	9	15	16	10	3
35. Suicide ...	32	—	—	—	3	9	17	3	—
36. Homicide and operations of war ...	2	—	—	—	—	—	1	1	—
All causes ...	4537*	100	19	22	45	515	919	1284	199

* including 20 deaths in the Scilly Isles.