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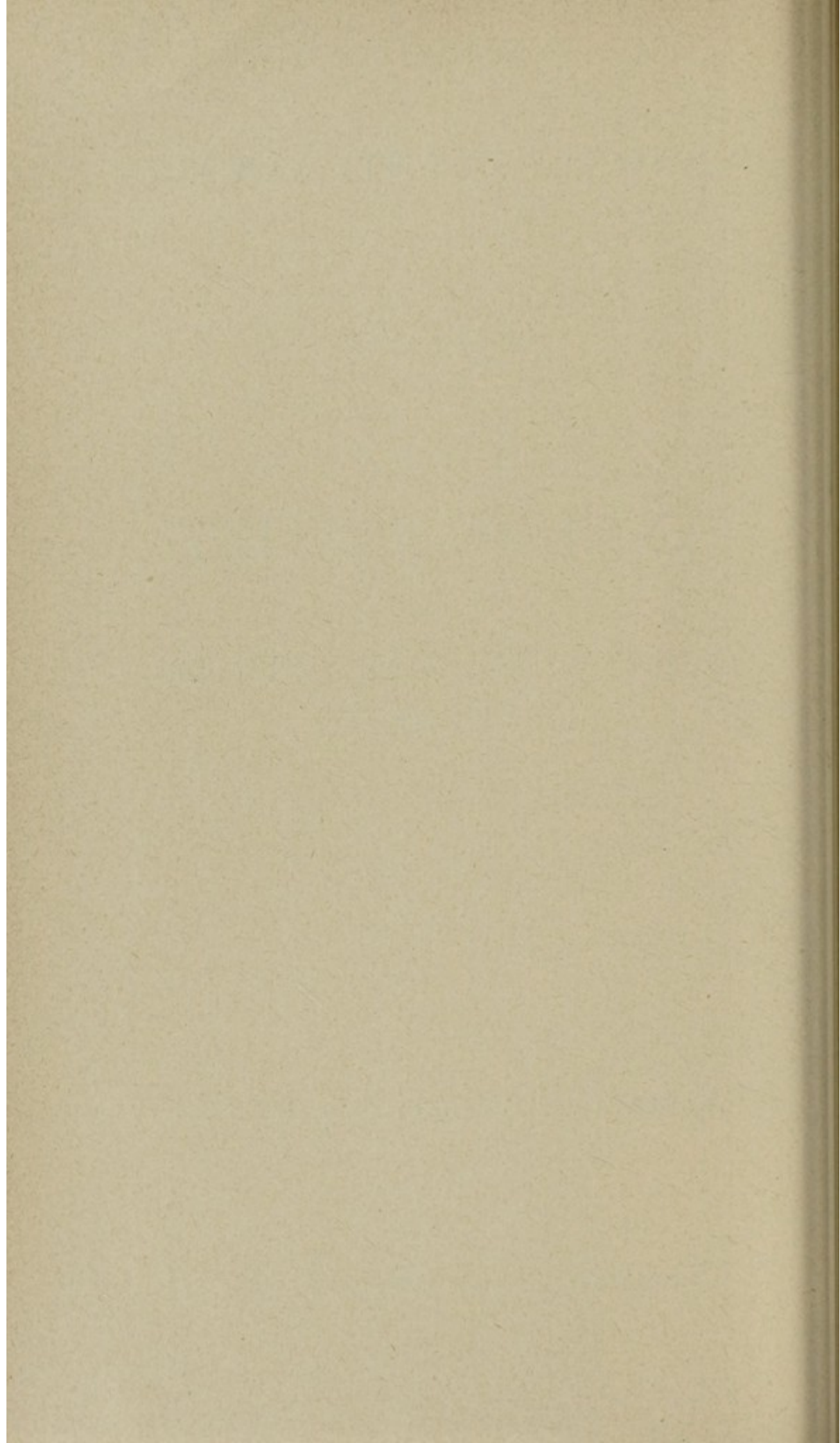


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CORNWALL COUNTY COUNCIL

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH
1958

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



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HEALTH COMMITTEE

(as constituted at 31st December, 1958)

Chairman:

Mrs. M. F. WILLIAMS

Vice-Chairman:

W. J. T. PETERS

Members:

J. R. BAILEY
 Mrs. A. M. BLACKWOOD
 Major S. E. BOLITHO
 S. J. L. CHUBB
 T. B. EDDY
 F. EDE
 J. H. HAWKEN
 F. G. FORD
 Mrs. L. GARSTIN
 W. F. GLUYAS
 F. L. HARRIS
 E. G. LILLEY
 W. E. MILLER

N. H. R. NORMINGTON
 W. G. OLD
 J. C. PENBERTHY
 J. READ
 DR. D. F. ROBB
 A. J. ROBERTS
 A. SLOMAN
 J. M. TAMBLYN
 Mrs. E. V. TOWNSEND
 Mrs. D. E. TREFFRY
 P. M. WILLIAMS
 Mrs. D. M. WILLS

Representatives of Area Sub-Committees:

Area I	G. SIDDONS	Area IV	H. W. HUGHES
Area II	W. HART	Area V	S. A. MARTYN
Area III	Dr. E. H. EASTCOTT	Area VI	Mrs. K. M. ALFORD
	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:—

Ambulance 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 for the year 1958.

The vital statistics for the year 1958 show that the health of the County continued satisfactory. The infant mortality rate was the lowest ever and the peri-natal mortality rate showed a sharp fall and was lower than any recorded since we began publishing these figures in the year 1950. The table showing the number of deaths at different periods of life shows that three-quarters of us reach an age between 65 and 74 years, and nearly half of us manage to exceed 75 years.

Last year I drew special attention to the contribution by Dr. Hargreaves on epidemiology and preventive medicine, and to the sections on the Welfare Services and Mental Health contributed respectively by Mr. Mountford and Mr. Pascoe. This year again these contributions are full of interest and merit careful study. The Welfare Services have gone through a rapid phase of development during the last few years, and this development will no doubt continue for the next few years. The Mental Health Bill shortly to become an Act will throw heavy additional responsibilities of a complicated and expensive nature on the Mental Health Section and on the Welfare Section of the Health Department. Some description of these added responsibilities is continued in the contributions to which I have referred. In drawing special attention to these particular parts of the Report, I have no desire to draw attention away from the other equally important Sections which are written by the officers concerned in them. This Report shows the extensive ramifications of the Health Department and the way in which it plays its part in the health and well-being of the people of the County.

The Minister has asked that I should include a brief general review of the manner in which, during the last 10 years, the Local Health Services have functioned in the wider setting of the National Health Service generally. Curiously enough, I find this extremely difficult. We have not regarded ourselves as a separate part of the National Health Service, and the Health Services and staff have become so mixed up with the other branches of the National Health Service that it would take a long and tedious

chapter to describe the way in which we all work together. The Family Doctors help us in our immunisation schemes and our research into the distribution and cause of various diseases, and call upon the Domiciliary Services, the After-care Services, and the ambulances of the Council; they make use of our Mental Health Staff and Welfare Staff, and realise, I hope, that we are always at their service to help them when they need our help. Similarly, our colleagues in the Hospital Service know perfectly well that the facilities of the Health Department are at their disposal, and reciprocate by giving us invaluable assistance and advice. The various Medical Committees and Associations, the Hospital Management Committees, the Executive Council, all provide a meeting place for members of the various branches of the National Health Service where a free interchange of information takes place, and any suggestions for the improvement of the Services provided for them by the County Council are always welcomed. I must take this opportunity of expressing my gratitude to my medical colleagues in the other branches of the National Health Service for the very friendly relationship which has grown between all of us, especially during the last ten years.

Some idea of the keenness and ability of the Staff of the Health Department may be gained by a study of this Report, which is written by them. It is stimulating experience for me to work with colleagues who take such an intense interest in their particular branches of the Health Department.

Finally, I feel I must acknowledge the help and encouragement I have received from the Chairman and Members of the Health Committee, and the many Voluntary Organisations which are associated with the work of my Department.

I am,

Your obedient Servant,

R. N. CURNOW,
County Medical Officer.

County Hall,
Truro.
Telephone No. Truro 4282.
May, 1959.

CORNWALL COUNTY COUNCIL

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1958.

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)

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

Area 2 (Redruth)—

G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H. (Left 26.4.58).

J. F. McCOURT, M.B., B.Ch., B.A.O., D.P.H. (Comm. 6.5.58).

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. PATERSON, M.B., Ch.B., D.P.H.

Area 7 (Liskeard)—

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

*Also School Medical Officer.

Senior School Medical Officer:

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

School Medical Officers:

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.
 MARGOT M. COOK, M.D., D.T.M. & 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. PATERSON, M.B., Ch.B., D.P.H.
 §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.

§Also Assistant County Medical Officer.

Chief Dental Officer:

A. H. MILLETT, L.D.S. (Left 9.3.58).
 C. A. REYNOLDS, L.D.S. (Comm. 6.6.58)

Dental Officers:—

Whole time:—

P. S. R. CONRON, L.D.S. (Left 26.6.58)
 H. J. EAGLESON, L.D.S.
 W. H. ELLAM, B.D.S.
 R. H. HAMLYN, L.D.S.
 D. A. PATTERSON, L.D.S.
 E. R. TRYTHALL, L.D.S.

Part time:—

K. BATTEN, L.D.S.
 J. J. GILLARD-BISHOP, L.D.S. (Left 5.12.58)
 Mrs. M. E. GOODYEAR, L.D.S. (Comm. 3.9.58)
 Mrs. S. M. SATCHWELL, B.A., L.D.S. (Comm. 8.9.58)
 C. SKINNER, L.M.S.S.A., L.D.S.
 Mrs. L. SMITH, B.D.S. (Comm. 30.9.58)
 G. TUNSTALL, L.D.S.
 I. E. WHITLING, L.D.S. (Comm. 6.10.58)

County Public Health Officer:

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

Assistant County Public Health 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 E. M. TEAGUE, S.R.N., S.C.M., Q.N.S., H.V.Cert.
 (Comm. 14.4.58)

Assistant County Nursing Officers:

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

Area 2—Miss A. HOWARTH, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 3—Miss E. J. JENNINGS, S.R.N., S.C.M., Q.N.S., H.V.Cert.

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

Area 5— } Miss K. A. PURKISS, S.R.N., S.C.M., Q.N.S., H.V.Cert.
Area 6— }

Area 7—Miss G. I. JESS, S.R.N., S.C.M., Q.N.S., H.V.Cert.

County Ambulance Officer:

T. C. TRESIDDER, Commander of the Order of St. John.

Civil Defence Training Officer:

F. POLKINGHORNE.

Transport Officer:

J. J. PEARCE.

Chief Control Officer:

W. H. MAYCOCK.

County Welfare Officer:

F. R. MOUNTFORD, D.P.A., A.C.I.S., Barrister at Law.

Social Welfare Officer:

Mrs. B. J. BANHAM, B.Sc. (Hons.) Lond., S.R.N., Diploma Social Studies.

District Welfare Officers:

T. H. E. BECKETT.

R. J. HURLEY, D.S.A.

County Mental Health Officer:

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

Educational Psychologist:

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

Assistant Educational Psychologist:

J. J. GROVER, B.A., Dip. Ed. (Comm. 1.9.58)

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. EUCKINGHAM

Teachers of the Mentally Handicapped:

Miss A. BALCOMBE, Diploma N.A.M.H.
 Miss E. R. CREWE, Diploma N.A.M.H.
 Mrs. R. M. BLAKE, N.F.U., Diploma N.A.M.H.

County Home Help Organiser:

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

Speech Therapists:

Miss G. O. FELL, L.C.S.T.
 Miss B. M. GROSSMITH, L.C.S.T.

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.
 J. C. MELLOR, M.B., Ch.B.

STATISTICS AND SOCIAL CONDITIONS

Area of the County	...	...	...	864,126 acres
Population 1958 (Registrar General's estimate)				337,380
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	...	...	...	£3,311,141
Sum represented by a penny rate	...	...	...	£13,301

The Registrar General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1954—58 is shown in the following table:—

	1954	1955	1956	1957	1958
Urban Districts ..	186,700	186,600	185,700	186,800	186,600
Rural Districts ...	154,650	153,160	153,060	151,970	150,780
Administrative County	341,350	339,760	338,760	338,770	337,380
Increase or decrease over previous year ..	— 113	—1,590	—1,000	+ 10	—1,490

Table I at the end of the Report shows the estimated population and number of births and deaths for 1958 in each of the County 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	...	2,425	2,177	4,602
Illegitimate	...	107	96	203
Total	...	2,532	2,273	4,805
Birth rate per 1,000 of the population		...	...	14.24
Still Births		Male	Female	Total
Legitimate	...	70	52	112
Illegitimate	...	3	4	7
Total	...	73	56	129
Still birth rate per 1,000 of the population		...	...	26.14
		total births		

The Birth Rate of 14.2 compares with a rate of 14.1 in 1957. The following are the rates for recent years:—

				Cornwall	England & Wales
1949	...	...	...	15.4	16.7
1950	...	...	...	14.2	15.9
1951	...	...	...	14.3	15.5
1952	...	...	...	14.3	15.3
1953	...	...	...	14.0	15.5
1954	...	...	...	14.1	15.2
1955	...	...	...	13.0	15.0
1956	...	...	...	14.0	15.7
1957	...	...	...	14.1	16.1
1958	...	...	...	14.2	

Deaths and Death Rate

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

Males	...	...	...	2,312
Females	...	...	...	2,318
Total	...	...	...	4,630

This gives a death rate of 13.73 as compared with a rate of 13.3 in 1957. The following are the rates for recent years:—

				Cornwall	England & Wales
1949	...	...	...	14.1	11.7
1950	...	...	...	13.8	11.6
1951	...	...	...	14.3	12.5
1952	...	...	...	12.8	11.3
1953	...	...	...	13.2	11.4
1954	...	...	...	13.2	11.3
1955	...	...	...	13.8	11.7
1956	...	...	...	13.7	11.7
1957	...	...	...	13.3	11.5
1958	...	...	...	13.7	

Infant Mortality

There were 94 infant deaths, representing a rate of 19.56 per 1,000 live births. This compares with a rate of 24.7 in 1957. 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:—

	1957	1958
Disease of Heart and Blood Vessels ...	1,889	1,930
Cancer	741	814
Vascular lesions of nervous system ...	630	652
Respiratory disease	384	326
Suicide and deaths from violence ...	165	193
Tuberculosis	40	43

Deaths from Heart Disease

Age Group	Urban Districts		Rural Districts		Total
	M.	F.	M.	F.	
Under 1 ...	—	—	—	—	—
1—5 ...	—	—	—	—	—
5—14 ...	—	—	—	—	—
15—24 ...	—	—	—	—	—
25—44 ...	4	1	8	1	14
45—64 ...	96	52	81	30	259
65—74 ...	163	124	120	70	477
75 and over	244	350	180	225	999
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	507	527	389	326	1,749*
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

* including 4 deaths in Scilly Isles.

Number of Deaths at Different Periods of Life

Age Group		Male	Female	Total
Under 1 ... ..	...	62	32	94
1—4 ... ..	...	8	9	17
5—14 ... ..	...	17	8	25
15—24 ... ..	...	15	12	27
25—44 ... ..	...	77	72	149
45—64 ... ..	...	535	405	940
65—74 ... ..	...	654	528	1,182
75 & over ... ..	...	955	1,264	2,219
		<hr/>	<hr/>	<hr/>
		2,323	2,330	4,653*
		<hr/>	<hr/>	<hr/>

* including 23 deaths in Scilly Isles.

The following table shows the number of deaths which occurred in the various age-groups out of every 1,000 deaths which occurred in the County in the years 1908 and 1958:—

1908		1958
157	Under 1 year of age	20
47	Aged 1 year to 5 years	4
25	Aged 5 to 15 years	5
52	Aged 15 to 25 years	6
298	Aged 25 to 65 years	234
421	Aged 65 years and over	731

NATIONAL HEALTH SERVICE ACTS, 1946—57.

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.	County Districts	Area in Acres.	Estimated Population
1	1, North Parade, Penzance.	Penzance M.B.	3,155	19,570
		St. Ives M.B.	4,287	8,460
		St. Just U.D.	7,634	4,010
		West Penwith R.D.	59,792	17,250
			<hr/> 74,868	<hr/> 49,290
2	Station Hill, Redruth.	Helston M.B.	4,014	6,590
		Camborne-Redruth U.D.	22,062	35,120
		Kerrier R.D.	90,839	21,980
			<hr/> 116,915	<hr/> 63,690
3	6/7 Lemon Street, Truro.	Falmouth M.B.	1,880	16,570
		Penryn M.B.	829	4,330
		Truro City	2,634	13,520
		Truro R.D.	108,316	26,590
			<hr/> 113,659	<hr/> 61,010
4	Moorland Road, St. Austell.	Fowey M.B.	2,979	2,290
		Lostwithiel M.B.	3,156	1,970
		Newquay U.D.	4,599	10,140
		St. Austell U.D.	18,379	23,520
		St. Austell R.D.	82,389	21,610
			<hr/> 111,502	<hr/> 59,530

Area No.	Area Office Address.	County Districts	Area in Acres.	Estimated Population
5	Hill Road, Wadebridge.	Bodmin M.B.	3,312	6,070
		Padstow U.D.	3,343	2,910
		Wadebridge R.D.	88,230	14,930
			<hr/> 94,885	<hr/> 23,910
6	Launceston.	Launceston M.B.	2,182	4,670
		Bude-Stratton U.D.	4,294	5,190
		Camelford R.D.	52,544	7,220
		Launceston R.D.	73,051	6,410
		Stratton R.D.	56,285	5,230
			<hr/> 188,356	<hr/> 28,720
7	Westbourne Liskeard	Liskeard M.B.	2,704	4,320
		Saltash M.B.	5,335	7,430
		Looe U.D.	1,691	3,770
		Torpoint U.D.	975	6,150
		St. Germans R.D.	48,433	15,690
		Liskeard R.D.	104,803	13,870
			<hr/> 163,941	<hr/> 51,230

CARE OF MOTHERS AND YOUNG CHILDREN

The care of mothers and young children is provided by the County Council under section 22 of the National Health Service Act.

For the first time there is a considerable drop in both the infant mortality rate and the stillbirth rate. This results in a perinatal mortality rate of 36.8 compared with 44.9 last year.

In the Spring a nation-wide Perinatal Mortality Survey was carried out under the auspices of the National Birthday Trust Fund. A comprehensive questionnaire was completed for every livebirth during a week in March (3rd—9th) and every stillbirth and neonatal death in March, April and May. This involved a considerable amount of work for the staff, especially the midwives who completed the forms. The Steering Committee has expressed appreciation of this help. It is hoped that some of the results of this valuable enquiry will be published by the end of 1959 or early in 1960.

Care of Expectant Mothers

Ante-natal clinics are held weekly in the larger towns under the auspices of the Regional Hospital Board, and are staffed by consultant obstetricians. These clinics are attended by patients who are booked for hospital confine-

ment, and also by patients referred by general practitioners. Women who arrange to have their confinements at home are looked after by their own doctors and domiciliary midwives.

Midwives Clinics are held in several areas and are mainly educational, as nearly all routine examinations are undertaken in the patients' homes. Instruction is given in mothercraft, physiology, relaxation etc., and discussions take place over cups of tea. During the year 960 mothers, including 846 who attended for the first time, made 4,733 attendances. Some midwives also hold small antenatal classes in their own homes.

In a few towns throughout the County, Mothers' Clubs have been established and are proving very popular.

Maternity Accommodation

Maternity beds are provided by the Regional Hospital Board. Patients needing beds on medical grounds are referred by their own doctors. Anyone needing a bed for social reasons is referred by the County Medical Officer, after investigation of the home conditions and other domestic problems which would justify a hospital bed. During the year 585 expectant mothers were recommended for hospital beds by the department. Although this is 93 less than last year, our allocation of beds is usually fully booked since the reduction of the number of beds available. Bookings were 60 (59) to West Cornwall Hospital, Penzance; 46 (55) to Redruth Hospital; 228 (217) to Old Tree Hospital, Launceston; 133 (145) to Trebarras, Liskeard; 73 (42) to Tavistock, and 45 (90) to Alexandra Maternity Home, Plymouth.

There was again a slight increase in the total proportion of hospital confinements, which is shown in the following table:—

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.
1941	5290	65.2	19.1	15.7	231	137
1951	4979	58.3	34.8	6.9	187	120
1952	4993	58.7	35.6	5.7	184	120
1953	4870	55.36	40.92	3.72	186	127
1954	4977	54.22	42.74	3.04	198	135
1955	4547	57.11	40.06	2.83	185	135
1956	4883	54.16	42.69	3.15	173	127
1957	4918	51.71	46.37	1.9	176	132
1958	4934	50.25	48.07	1.7	165	124

There is a great need for ante-natal beds in Cornwall. If these could be provided, the number of emergency admissions to hospital would be substantially reduced. Among these emergency admissions there were 35 still-births, 14 neonatal deaths, and 1 maternal death.

Maternity Outfits

As before, sterilised maternity outfits are distributed by midwives and from the Health Area Offices. These outfits are free and are available for all domiciliary confinements.

Mother and Baby Home, Rosemundy, St. Agnes

This Home at St. Agnes for unmarried mothers and their babies is maintained by the Cornwall Social and Moral Welfare Association, and

subsidised by a grant from the County Council. During the early part of the year while extensive alterations were being carried out, 20 girls were sent to Redruth Hospital for their confinements, and returned to Rosemundy with their babies afterwards. There were 50 admissions during the year and 15 confinements (17 Cornish girls and 18 others including those confined at Redruth).

Puerperal Pyrexia

Under the 1951 Puerperal Pyrexia Regulations there were 106 notifications.

Ophthalmia Neonatorum

Two cases were notified during the year. No impairment of vision ensued. 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
1949	6	1.2
1950	2	0.4
1951	0	—
1952	5	1.0
1953	4	0.8
1954	1	0.2
1955	0	—
1956	2	0.4
1957	1	0.2
1958	2	0.4

Maternal Mortality

There were 4 deaths associated with childbirth, a maternal mortality rate of 0.81 per 1,000 births.

The following are the rates for recent years:—

Year	Puerperal Sepsis		Other Causes		Total Maternal Deaths	Maternal Mortality Rates	
	No. of deaths	Rate	No. of deaths	Rate		Cornwall	England & Wales
1949	—	0.00	2	0.38	2	0.38	0.97
1950	—	0.00	8	1.64	8	1.64	0.87
1951	—	0.00	6	1.20	6	1.20	0.82
1952	—	0.00	7	1.40	7	1.40	0.72
1953	1	0.21	3	0.61	4	0.82	0.75
1954	—	0.00	5	1.01	5	1.01	0.70
1955	—	0.00	2	0.44	2	0.44	0.64
1956	—	0.00	8	1.65	8	1.65	0.56
1957	—	0.00	2	0.41	2	0.41	0.47
1958	—	0.00	4	0.81	4	0.81	

With such small figures rates are apt to be misleading. The following are quinquennial rates:—

			Cornwall	England & Wales
1939—1953	...	...	4.54	3.61
1944—1948	...	...	2.91	2.30
1949—1953	...	...	2.46	1.49
1954—1958	...	...	0.86	

Toxaemia is still associated with many premature births and stillbirths and this year resulted in the death of a mother. Although there has been much research, the origin of this condition is still obscure. We know that treatment should be given in the early stages. To enable the patient to have the necessary complete rest, the County Council agreed to provide free home help when necessary to such patients on the recommendation of a doctor. During the year this help was provided for 26 new cases of toxaemia, 4 of whom later went to hospital. Three of these had livebirths—one dying soon after, and one had a stillbirth. The remaining 22 had normal confinements at home, with living babies.

Infant Mortality and Stillbirths (1957 figures in brackets)

In 1958, 94 babies died during their first year (118). This gives an infant death rate of 19.56 (24.75) per 1,000 livebirths. Of these babies 6 were illegitimate, giving a rate of 29.5 compared with a rate of 19.1 for legitimate infants.

The following are the infant mortality rates for several years:—

Year			Cornwall	England & Wales
1898	...	...	156.24	160
1900	...	...	126.3	154
1910	...	...	85.5	105
1920	...	...	59.5	80
1930	...	...	51.3	60
1940	...	...	48.3	55
1950	...	...	29.2	30
1951	...	...	33.0	29.6
1952	...	...	30.6	27.6
1953	...	...	27.0	26.8
1954	...	...	20.8	25.5
1955	...	...	26.7	24.9
1956	...	...	23.2	23.8
1957	...	...	24.8	23.0
1958	...	...	19.56	22.5

There was a marked reduction in the number of babies dying in the first month, which was 60 (88), giving a neonatal death rate of 12.90 (16.35). Fifty-three of these babies died before they were a week old (23 died during the first day of life). There were 129 stillbirths (148), giving a rate per 1,000 total births of 26.14 (30.10).

There is a close association between stillbirths and first-week deaths, many resulting from similar causes such as prematurity, congenital defects, ill-health of the mother, and hazards of birth. For the first year there was an appreciable reduction in the perinatal mortality rate in Cornwall.

Year	Still-births	Infant Deaths First Week	Total	Perinatal Mortality Rate
1950	125	91	216	44.3
1951	114	89	203	40.8
1952	115	92	207	41.5
1953	118	85	203	41.7
1954	158	49	207	41.6
1955	129	75	204	45.5
1956	132	78	210	43.0
1957	148	73	221	44.9
1958	129	53	182	36.8

Investigations were made into 126 of these stillbirths, and 60 neonatal deaths.

	Neo-Natal Deaths		Still-births	
	Pre-mature	Full Term	Pre-mature	Full Term
Prematurity only	14	—	26	—
Associated with maternal toxæmia...	5	—	17	11
Difficult labour and birth injury	4	10	1	26
Congenital malformation	1	14	11	8
Infection	1	3	—	—
Other causes	3	5	4	8
Not known	—	—	—	14
	28	32	59	67

It will be seen that nearly half these deaths occurred in premature babies, that is, babies with a birth weight of $5\frac{1}{2}$ lbs. or less. The mortality is heaviest in babies with a low birth weight. Frequently there are other complications, and these babies are very susceptible to infections etc. Special outfits are available for nursing premature babies at home, and those weighing over $4\frac{1}{2}$ lbs. do very well. Twelve babies born at home were transferred to hospital soon afterwards. The County Council is providing an oxygen-aire in order that these babies may be kept warm and given an adequate amount of oxygen on the journey.

This table shows the place of birth of premature babies:—

Place of Birth	Total live Births	Neonatal Deaths	Stillbirths
Hospital	166	13	37
Nursing Home	3	—	—
Home and nursed at home	85	1	22
Home and transferred to hospital	12	2	—

Live premature births are 5.5% of total live births. There has been very little reduction in this percentage during the last six years, and this is true for England and Wales, but there has been an increase from 81.7% in 1953 to 89.4% in 1958, in the number of premature babies who survive.

The number of babies dying between 1—12 months was 32. The causes were:—

Respiratory infection	...	12
Gastro-enteritis	...	1
Other infections	...	1
Congenital deformities	...	10
Accident	...	1
Other causes	...	7

Again respiratory infection was the chief cause of death at this age. All but two of the twelve babies in this group had stopped being breast-fed during the first month. Young babies are very susceptible to infection and it is most important that they should be kept away from anyone suffering from a cold. The baby who died of gastro-enteritis had also been bottle-fed since two-weeks old.

Deaths of Children 1—4 years

There were 17 deaths in this age group. The causes were:—

Poliomyelitis	...	1
Pneumonia	...	5
Bronchitis	...	1
Gastro-enteritis	...	1
Congenital malformation	...	4
Accident	...	2
Other causes	...	3

Deafness in Children

Last year reference was made to congenital deafness in children. This is a most serious handicap. These children are rarely totally deaf at birth, and it is essential that their residual hearing should be helped by appropriate and continuous training and education from an early age. Parents are guided and advised in order to help and encourage their children.

A centre in Plymouth has been opened for this training, and it is hoped that there will soon be one in Truro. Previously mothers had to go to the Royal National Throat, Nose and Ear Hospital, Ealing, for these facilities.

Several Cornish babies have already benefitted by this training. There are 14 children under 5 years old with severe impairment of hearing in Cornwall.

Problem Families

In each area of the County the Assistant County Medical Officer is the officer designated for the co-ordination of services available for the prevention of neglect of children. Officers of the various associations responsible for this work are in close contact with each other. Although our object is to reduce the multiplicity of visits to these homes, this is sometimes unavoidable as a certain officer may have a function which only he can discharge. It is important that all involved know what action is being taken by other departments. Meetings are occasionally held in the Areas, when those with statutory or voluntary interests can attend and discuss cases.

During the last few years, six mothers and their younger children have been sent to the Mayflower and Brentwood Homes for rehabilitation. Review of these families a few months later was disappointing, as all have reverted to their former ways of life. Sending the mother away breaks up family life, and the 4—5 months training does not appear to help when she returns home.

Towards the end of 1957, the National Society for the Prevention of Cruelty to Children, with a subsidy from the County Council, appointed a Woman Visitor in West Cornwall. She works under the direction of the N.S.P.C.C. Inspector, and goes into homes to help and train the families. This would be an excellent service if we had more such workers, but the work tends to be too scattered to give the concentrated and individual attention which each family needs.

Hitherto most of this work has been with the "hard core" problem families, where little lasting improvement can be made. Towards the end of the year an experiment was made in a family where the parents are teachable. A selected home help was sent to this family to teach the parents (and children). The results so far are encouraging. Further reference is made to this experiment elsewhere (Domestic Help Service).

Welfare Foods

While a decrease in the take-up of Orange Juice was expected because of the restriction of entitlement to children up to two years old, a decrease also occurred in all three other commodities. A drop in the take-up of National Dried Milk usually means a drop in that of Cod Liver Oil and Vitamin Tablets, but it is difficult to give any reason for a drop of over 7,000 tins of National Dried Milk.

The actual figures are:—

	1957	1958
National Dried Milk — tins	145,439	137,951
Cod Liver Oil — bottles	25,057	19,938
Vitamin Tablets — packets	13,180	12,676
Orange Juice — bottles	194,453	136,443

In January 1958, the new lower vitamin-content Cod Liver Oil began to find its way to the Distribution Centres and the regulation was introduced that expectant mothers might have three bottles of the new Cod Liver Oil against two tokens. An accounting device introduced especially to reveal the number of bottles being so taken up, showed that only on 74 occasions during the year did expectant mothers avail themselves of the extra bottle of Cod Liver Oil.

The number of Distribution Centres in the County has fallen from 174 to 170, but those which have been discontinued were very rural Centres closed because of their insignificant demands.

Child Welfare Centres

There are 39 Centres in Cornwall at which 85 sessions are held each month. Now that every baby is entitled to advice and treatment from a private doctor under the National Health Service Act, there is a tendency for fewer mothers to visit a Child Welfare Centre, and there was again a drop in attendance figures. Because of poor attendances the Centres at Looe and Delabole were closed.

Number of children who attended Centres	3,254	(3,576)
Number of attendances under 1 year	15,126	(15,906)
Number of attendances 1—2 years	3,751	(3,924)
Number of attendances 2—5 years	3,740	(4,457)
Total number of attendances	22,617	(24,287)

(1957 figures in brackets)

There are also 3 voluntary Centres, at St. Mawes, Portscatho and St. Eval, at which 92 children made 670 attendances.

Family Planning Clinics

This work is carried out by voluntary committees, and clinics are held at Falmouth, Penzance, St. Austell and Launceston. A new branch of Falmouth Clinic was opened in Truro and is held at the Royal Cornwall Infirmary. The other clinics are held in local authority premises. Specially trained medical and nursing staff attend every session.

DENTAL SERVICE

REPORT OF CHIEF DENTAL OFFICER

The local authority dental service provides free treatment for school-children and for expectant and nursing mothers and pre-school children. The report on the treatment of school children, which is the main body of the work, is contained in my report as Principal School Medical Officer.

There is no system of routine inspection by dental officers of expectant and nursing mothers or of pre-school children. Mothers are referred for treatment by either a doctor, a midwife or a health visitor. Pre-school children are often sent through these channels but may of course be treated without any recommendation. Treatment is available throughout the County at any of the 21 clinics or the mobile unit.

It is surprising that more mothers do not avail themselves of the service for it is only through this service that dentures are provided free of charge to patients. It is difficult to believe that the need from the dental standpoint is not there, but the dental officers have not had to devote the recommended one-eleventh of their time to this side of the work.

Although fewer sessions were devoted to this work during the year, 283 sessions compared with 350 sessions in 1957—it seems that this was sufficient to deal with all the cases referred for treatment. On comparing the figures with those of the preceding year, it is disappointing to see that the effect of the diminished number of sessions has been almost wholly on conservation work, whilst the number of extractions has even increased for mothers.

When dental sepsis exists, its elimination is of great importance to the health of the mother, but equally if not more important is the prevention of sepsis in those other mothers whose dentitions are not beyond repair, by making good their natural teeth, for these are the mothers who will see to it that their own children's teeth will be well cared for and it is more of these mothers that I would like to see receiving treatment.

The record of broken appointments is worse than on the school side of the work; mothers failed to keep 278 appointments (2 out of every 9) while pre-school children failed to keep 100 (about 1 in 9).

(1) Dental Care of Expectant and Nursing Mothers and Children under School Age

- (a) Number of Officers employed at end of the year on a salary basis in terms of whole-time officers to the maternity and child welfare service:—

(1) Senior Dental Officer	0.1
(2) Dental Officers	0.5

- (b) Number of officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service ... 0.1
- (c) Number of Dental Clinics in operation at end of year ... 22
- (d) Total number of sessions (i.e., equivalent complete half days) devoted to maternity and child welfare patients during the year 283
- (e) Number of dental technicians employed in the local Health Authority's own laboratories at the end of the year ... 2
+ 1 apprentice

(2) Dental Treatment

(A) Numbers provided with Dental Care:

		Expectant & Nursing Mothers	Children under 5
Examined	...	330	503
Needing treatment	...	323	479
Treated	...	310	468
Made dentally fit	...	165	363

(B) Forms of treatment provided:

Scalings and Gum treatment		90	—
Fillings	...	334	381
Silver Nitrate treatment	...	—	498
Crowns or Inlays	...	—	—
Extractions	...	1,137	413
General anaesthetics	...	118	143
Dentures provided—			
(Full upper or lower)	...	112	—
(Partial upper or lower)	...	79	—
Radiographs	...	50	—

THE NURSING SERVICE

REPORT OF THE COUNTY NURSING OFFICER

The past year has been one of constant anxiety because of shortage of staff. Unfortunately, instead of vacancies being scattered throughout the County they have occurred in concentrated areas with two or more vacancies in adjoining districts. The staff, as usual, have carried the extra burden most willingly. The Assistant County Nursing Officers have also filled the gaps when no one else was available, and during the last quarter of the year their relief work amounted to almost ten weeks. We have also received valuable help throughout the year from part-time nurses.

Staff employed by the County Council at 31st December, 1958

Administrative Staff

County Nursing Officer	...	...	...	1
Deputy County Nursing Officer	...	...	...	1
Assistant County Nursing Officers	...	...	...	6
				—
				8
				—

District Nurse-Midwives/Health Visitors. (Whole time)

" Queen's " Nursing Sisters, S.R.N., S.C.M., H.V.Cert.	...	...	...	43
State Registered Nurses, S.C.M., H.V.Cert.	...	...	...	3
" Queen's " Nursing Sisters, S.R.N., S.C.M.	...	...	...	12
State Registered Nurses, S.C.M.	...	...	...	1
State Certified Midwives, S.E.A.N.	...	...	...	17

District Nurse-Midwives. (Whole time)

" Queen's " Nursing Sisters, S.R.N., S.C.M.	...	...	...	19
State Registered Nurses, S.C.M.	...	...	...	18
State Certified Midwives, S.E.A.N.	...	...	...	11

District Nurses (Whole time)

" Queen's " Male Nurses, S.R.N.	...	...	...	2
State Enrolled Assistant Nurse	...	...	...	1

Part-time Nurses

State Registered Nurses, S.C.M.	...	...	...	2
State Registered Nurses	...	...	...	5
State Enrolled Assistant Nurses, S.C.M.	...	...	...	2
State Enrolled Assistant Nurse	...	...	...	1
				—
				137
				—

Whole-time Health Visitors

" Queen's " Nursing Sisters, S.R.N., S.C.M., H.V.Cert.	...	...	...	9
State Registered Nurses, S.C.M., H.V.Cert.	...	...	...	19
State Registered Nurses, H.V.Cert.	...	...	...	2
Whole time Tuberculosis Health Visitors	...	...	...	6
				—
				36
				—

Sickness

There has been a big increase in the sickness rate during the past year. The total amount of leave was 1,732 days, an average of just over 10 days per person. The rise was due mainly to several long terms of sick leave. Ten members of staff were away for periods varying from 50 days to 204 days.

Transport

Of the 181 members of staff at 31st December, 1958, 103 were provided with County cars and 74 provided their own; the remaining few walked or cycled; 3 are health visitors working in built up areas where the use of a car would not be justifiable.

Housing

The housing of staff always presents some difficulties. Changes of staff make it impossible to form any permanent plan, as no two people are satisfied with the same type of accommodation. The younger person who is likely to move on after a few years usually prefers accommodation to be provided, while the older person wanting to settle may wish to provide her own.

The County Nursing Association is responsible for the upkeep of 61 houses and flats, accommodating 82 members of staff; 33 of these 61 are furnished by the Association. Three members of staff living on large Council estates have been provided with alternative accommodation during the year, and 3 additional properties have been acquired.

Midwifery (Section 23)

Domiciliary midwifery is combined with Home Nursing except in one urban area where, because of the difficulty in getting staff, we have had to appoint a nurse for general work only and use one of the others as a full time midwife. This is not satisfactory for a permanency because of relief for off duty. We have also been able to increase the health visiting staff and therefore have been able to relieve the busy midwife of her health visiting duties. At the end of 1958 there were 75 nurses carrying out the triple duties. There is an increase in some areas in the number of mothers desirous of attending the Mothercraft & Relaxation Classes. Each year one or two midwives attend courses of instruction to enable them to carry out this part of their duties. In one area most of the mothers booked for hospital join in, and as the numbers have increased, so it may be necessary to run two sessions. A large proportion of our midwives now have intra-gastric oxygen apparatus available for their use, and it is hoped to make it available for all during the coming year.

Refresher Courses

During 1958 thirty-five midwives attended refresher courses, and one Supervisor attended a course. Four members of staff attended courses for Parentcraft teaching.

Supervision

The Senior Assistant County Medical Officer is the Medical Supervisor of Midwives. The County Nursing Officer, her Deputy and six Assistants

are Non-Medical Supervisors. They paid regular visits to all midwives throughout the year as follows:—

For checking of records	508
Other visits, including follow-up visits after statutory notifications	544

During the year 195 Midwives notified their intention to practise in the County.

Domiciliary, Cornwall County Council	151
Domiciliary in private practice	6
Institutional — Hospitals	35
Nursing Homes	3

Deliveries attended by Domiciliary Midwives:—

	As Midwives	As Maternity Nurses	Total
Cornwall County Council Midwives	2,029	427	2,456
Independent Midwives	3	8	11
	<hr/> 2,032	<hr/> 435	<hr/> 2,467

Deliveries in Institutions:—

In Hospitals	2,075
In Nursing Homes	99
	<hr/> 2,174

Visits paid by County Council Midwives:—

Ante-natal visits to Domiciliary cases	25,770
Ante-natal visits to Hospital booked cases	2,843
Midwifery and Maternity visits	46,295
Visits to Hospital cases returned home	
before the 10th day	821
between the 10th and 14th day	1,573

Medical Aid forms sent in respect of:—

Mother during ante-natal period	358
Mother during labour	632
Mother during puerperium	135
Infants	173

Other statutory notifications were received as follows:—

Stillbirths	127
Deaths of Mothers	3
Infant deaths	93
Artificial feeding	600
Liability to be a source of infection	69

Attendances at Clinics by Midwives:—

G.P. Ante-natal Clinics	...	...	...	1,172
Midwives Ante-natal and Relaxation Classes	...			259
Special Clinics for Health Education and Relaxation				325

Gas and Air in domiciliary midwifery:—

	County Council Midwives	Independent Midwives
Number of Midwives qualified to administer		
Gas and Air	124	4
Number of sets of apparatus	125	
Number of cases to whom administered:—		
Doctor present	317	1
Doctor not present	1,592	1
Number of cases to whom Pethidine was administered:—		
Doctor present	230	7
Doctor not present	874	3

The Midwives attended 367 mothers who were discharged from hospital between the 10th and 14th day. They also accompanied 1,592 patients to hospital by ambulance or car, entailing in all 3,324 hours away from the districts.

Health Visiting (Section 24)

During 1958 three candidates were sponsored for the Health Visitor's training. We now have no nurses carrying out health visiting duties by virtue of dispensation except those too old to train. These are getting fewer in number each year. Because of the increasing duties of the Health Visitor in all the urban areas and the more thickly populated rural areas, will eventually be staffed by whole time Health Visitors.

At the end of 1958 we had 104 part-time Health Visitors (including 30 acting by virtue of dispensation); the equivalent of 45.5 whole time Health Visitors. Eight Health Visitors attended Refresher Courses.

The following figures show the work of the Health Visitors:—

First visits to children under 1 year	...	4,652
Total visits to children under 1 year	...	51,916
Total visits to children 1—2 years	...	20,912
Total visits to children 2—5 years	...	41,167
Total number of children under 5 visited		24,341
Visits to persons over 65 years (social)	...	7,825
Child Life Protection visits	...	81
Social visits to others	...	5,285
Total number of families visited	...	16,423

Attendances at Clinics, etc.—

Child Welfare Centres	...	1,596
Mothercraft and Relaxation Classes	...	468
Mothers' Clubs	...	113
Minor Ailments	...	418
Immunisation Sessions	...	1,369
B.C.G. Vaccination Sessions	...	41
Polio Vaccination Sessions	...	1,060
Lectures and Talks given	...	1,129
Demonstrations given	...	90
Attendances at School Medical Inspections	...	1,193
Attendances at School Hygiene Inspections	...	1,615
Re-inspections	...	194
Follow-up visits	...	2,755
No access visits	...	12,480

The most notable increases in the Health Visitors' work are the number of social visits to the younger age group, the number of families visited and the attendances at clinics for polio vaccination. The latter are increasing since polio vaccination has been made available to the 15 to 25 age group. A great deal of the Health Visitors' time is spent in propaganda necessary to encourage the public to accept these services offered to them.

Liaison with Other Workers

We continue to progress in our co-operation with other workers in the National Health Service, particularly with the General Practitioners, but in some areas there is still room for improvement.

Home Nursing (Section 25)

Home Nursing was carried out by 75 nurses, combining it with midwifery and health visiting; 48 with midwifery only and 5 doing whole time Home Nursing. During the year 6 nurses completed their Queen's District training. There were, at the end of the year, 74 Queen's Nursing Sisters working in the County, and 2 Male Queen's Nurses. In addition to the above permanent staff there were 8 nurses working in a temporary capacity on a part-time basis.

Work done by District Nurses

	Number of new Patients
Surgical Cases	... 2,075
Medical Cases	... 6,610
Maternal Complications	... 269
Infectious Diseases (excluding tuberculosis)	... 28
Tuberculosis	... 253
	<hr/> 9,235 <hr/>

It will be noted that there are fewer new patients recorded. This may partly be due to the fact that for record purposes a card system has been introduced which gives a truer record than the old system of using a register where the same patient could be counted twice or more in one year if they were taken on and off the books each time they needed nursing care for the same disease.

Visits paid:—

Surgical	...	38,057
Medical	...	141,005
Maternal complications	...	2,532
Infectious Diseases (excluding tuberculosis)	...	135
Tuberculosis	...	14,274
		<hr/>
		196,003
		<hr/>
Injections included in above	...	77,798

The above figures include 120,780 visits to patients who were over 65 years of age, and 3,515 visits to children under 5 years of age. Over 24 visits were paid to 1,861 people making a total of 143,339 visits.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

There are no registrations under this Act. One registration was cancelled at the request of the owner.

No Day Nurseries are provided by the County Council.

NURSING HOMES

There have been no changes under Section 187 of the Public Health Act, 1936. There are 7 Nursing Homes with 12 maternity beds and 51 beds for other patients.

DISABLED AND OLD PERSONS' HOMES

There are 28 Homes registered under the National Assistance Act, 1948 for the reception of old persons, and 1 for the blind. During the year 4 Homes were closed by the owners and 3 new ones were registered.

AMBULANCE SERVICE

REPORT OF THE COUNTY AMBULANCE OFFICER

This year's statistics show that the demands made on the Service show a slight increase. With the popularity of Cornwall as a holiday

resort, and the holiday period being extended by staggered holidays, the population of the County during the summer is often doubled. This influx of visitors demand medical and surgical attention, which often cannot be obtained unless the Ambulance Service is called.

The population of older age groups in Cornwall is one of the highest in England. These older people attending hospitals and clinics are a heavy item of transport to the Service.

Maintenance, Servicing and Replacement of Vehicles

The Maintenance and Servicing branch of the Ambulance Service continues to function smoothly.

During the year under review, no new ambulances have been purchased. Two ambulances, having exceeded 150,000 miles, were replaced by two dual-purpose vehicles.

Reciprocal Arrangements—Plymouth and Devon

Arrangements previously reported continue to work well. I take this opportunity of expressing thanks to my colleagues in Plymouth and Devon for their valued co-operation.

Ambulance Stations

Ambulance stations are sited as follows:—

Main Stations		Ambulances	Utilecons	Whole-time Personnel
Penzance	...	3 + 1R.	2 + 1R.	10
Redruth	...	5	6 + 1R.	14
Falmouth	...	2	2 + 1R.	5
Truro	...	7	4 + 2R.	13
St. Austell	...	3	3	9
Newquay	...	1	1 + 1R.	4
Bodmin	...	2 + 1R.	3	7
Launceston		1	2	5
Liskeard	...	3	2 + 1R.	8
Torpoint	...	1	1	4
Saltash	...	1	1	4
		<hr/>	<hr/>	<hr/>
		29 + 2R.	27 + 7R.	83

(" R " denotes Reserve vehicle).

Voluntary Stations	Ambulances	Utilecons	Whole-time Personnel
Pendeen	... 1	—	—
St. Ives	... 1	—	—
Hayle	... 1†	—	—
Helston	... 1	—	—
Illogan	... 1	—	—
Camborne	... —*	—	—
Indian Queens	... 1	—	—
St. Blazey	... 1	—	—
St. Dennis	... 1†	—	—
Fowey	... —	1†	—
Padstow	... 1	—	—
Wadebridge	... 1	—	—
Camelford	... 1†	—	1
Bude	... 1†	1†	2
Launceston	... 1	—	—
Looe	... 1†	—	2
	14	2	5

† denotes County-owned vehicles.

* Ambulance from Redruth Main Centre strength loaned to Camborne S.J.A.B. Division for night and week-end work.

No new stations have been built during the year. Sanction has now been received to build new ambulance stations at Truro and at Bodmin, and permission is being sought to build a new station at Falmouth.

Service Statistics

Patients carried and distances covered by the three services are shown in the table below:—

Ambulance Service

	1952	1955	1957	1958
Patients Carried	35,993	36,850	35,835	35,952
Miles Travelled	501,264	516,314	501,721	498,070

Utilecon Service

Patients Carried	71,540	82,180	86,223	93,590
Miles Travelled	628,932	654,568	658,693	686,993

Hospital Car Service

Patients Carried	15,604	20,008	21,668	20,876
Miles Travelled	227,303	273,441	284,725	280,877

Total—All Services

Patients Carried	123,137	139,038	143,726	150,418
Miles Travelled	1,357,499	1,444,323	1,445,139	1,465,940

It will be noted that the 1958 figures show an increase of 6,692 patients and 20,801 miles. The reasons for this increase have been examined, and it is found that patients carried under Section 27 of the National Health Service Act, 1946, have increased by 2,772, whilst the mileage run with these patients decreased by 4,930.

Among patients carried on behalf of other Services, however, the cost of whose transport is recoverable, school children taken to clinics increased by 4,852 and the mileage travelled with them increased by 15,958. Mentally defective children carried by the Hospital Car Service increased by 612, and the mileage travelled in taking them to Training Centres increased by 10,225

Ambulance Service

Area	Number of Patients Carried				No. of Journeys	Mileage
	Accidents	Emergency	Others	Total		
Penzance	280	686	5,614	6,580	2,966	56,530
Redruth	250	582	7,817	8,649	4,207	73,475
Truro	226	645	6,423	7,294	4,749	91,047
St. Austell	376	562	3,947	4,885	2,350	79,850
Wadebridge	178	411	1,387	1,976	1,075	51,028
Launceston	171	498	1,496	2,165	1,219	73,636
Liskeard	258	600	3,545	4,403	2,246	72,504
	1,739	3,984	30,229	35,952	18,812	498,070

Utilecon Service

Area	Number of Patients Carried				No. of Journeys	Mileage
	Accidents	Emergency	Others	Total		
Penzance	8	6	10,898	10,912	2,876	68,742
Redruth	6	1	21,421	21,428	6,165	142,560
Truro	23	11	17,143	17,177	6,115	123,572
St. Austell	14	3	14,128	14,145	2,157	97,401
Wadebridge	2	24	8,256	8,282	1,223	67,980
Launceston	2	10	8,771	8,783	1,211	91,993
Liskeard	6	5	12,852	12,863	1,671	94,745
	61	60	93,469	93,590	21,418	686,993

Hospital Car Service

Area	Total Patients	Number of Journeys	Mileage
Penzance ...	1,166	429	13,435
Redruth ...	2,193	694	28,662
Truro ...	2,298	646	17,160
St. Austell ...	5,187	1,720	55,364
Wadebridge ...	2,247	764	42,194
Launceston ...	3,786	1,265	67,251
Liskeard ...	3,999	1,363	56,811
	<hr/> 20,876 <hr/>	<hr/> 6,881 <hr/>	<hr/> 280,877 <hr/>

The total number of accident and emergency calls dealt with by the Service during the year was 5,844, making an average of one accident or emergency call every 89.9 minutes.

Long Distance Transport

	1952	1953	1954	1955	1956	1957	1958
No. Patients carried by Ambulances and Utlecons	331	277	290	205	216	234	310
No. Patients carried by rail (omitting patients for whom County Council did not pay fares)	129	153	134	162	171	212	246
No. Miles travelled by patients by rail	— figures not recorded —						
				40,415	45,535	50,912	

The annual rate of increase in ambulance work for the County of Cornwall, as compared with the annual increase for the whole of the Country, is as follows:—

Annual Percentage Increase in Mileage relative to 1952/53

	Cornwall Miles	Increase %	All Authorities Miles	Increase %
1952/53 ...	1,372,420	—	95,088,550	—
1953/54 ...	1,382,629	0.7	98,731,649	3.8
1954/55 ...	1,474,658	7.4	99,443,622	4.6
1955/56 ...	1,490,759	8.6	102,194,437	7.4
1956/57 ...	1,479,163	7.8	98,931,065	4.0
1957/58 ...	1,479,786	7.8	99,018,043	4.1

Annual Percentage Increase in Patients relative to 1952/53

	Cornwall Patients	Increase %	All Authorities Patients	Increase %
1952/53 ...	122,621	—	12,457,595	—
1953/54 ...	127,057	3.6	13,632,960	9.4
1954/55 ...	138,907	13.3	14,391,762	15.5
1955/56 ...	139,535	13.8	15,103,803	21.2
1956/57 ...	138,082	12.6	14,973,331	20.2
1957/58 ...	143,521	17.0	15,079,934	21.0

Voluntary Manning and Hospital Car Service

During the year the voluntary personnel at Country Centres transported 3,807 patients and travelled 121,239 miles. Thanks are due to the keenness of the St. John Ambulance Brigade and the British Red Cross Society who man the Ambulance Service each night from 7 p.m. to 7 a.m. Mondays to Fridays, and Saturdays from 1 p.m. to 7 a.m. Monday mornings.

The Ambulance Service is indebted to the Organisers and drivers of the Hospital Car Service. I wish to express my thanks for the very helpful way in which this Service co-operates with the Ambulance Service as a whole. It is an integral part of the Service.

Radio Control

With a view to providing more efficient ambulance cover for the whole County, it was decided to equip with radio all County ambulance vehicles operating within the Service. To complete the installation in the Western area of the County has meant the purchase of eight additional mobile sets and a new main station in Truro to replace the old main station at Redruth, which has now been transferred to Penzance. A Chief County Ambulance Control Officer was appointed in June. Owing to difficulties in obtaining a suitable site for a Sub-Control in East Cornwall, full operational control has not as yet been achieved. When the radio installation is completed and the Bodmin Control is established, ambulance calls by day will be received at two Control Centres, Bodmin carrying the Eastern end of the County and Truro the West, except Health Area 1 (Penzance, St. Ives, West Penwith), which for the present will function as a separate unit. By night all calls go to the Fire Control, Truro, where they are dealt with, with the assistance when necessary of an Ambulance Duty Officer.

Civil Defence

We have now enrolled 388 volunteers in the Ambulance and Casualty Collecting Section. This shows an increase of 40 new recruits over the 1957 figures.

Qualified instructors total 24, consisting of both volunteers and members of the County Ambulance Service.

Regular training has been carried out during the training season. Combined day and night outdoor exercises have been run, and have proved very beneficial to all concerned.

Competitions

This year's County Ambulance Service Competition was won by the No. 3 Area team from Truro Ambulance Station. This team competed in the Regional Competition held at Bath, and was placed second.

EPIDEMIOLOGY AND PREVENTIVE MEDICINE

General

It is now ten years since the introduction of the National Health Service Act, and during this time considerable changes have occurred in hospital and general medicine, which on balance, have been advantageous. It is interesting to see what effects the years have had on epidemiology.

In the table below I have set out the average number of notifications of the more important notifiable diseases in the first two and the last two years of the period:—

Disease	1949/50	1957/58
Scarlet Fever	238	75
Whooping Cough	685	688
Diphtheria	9	2
Measles	2,118	2,720
Pneumonia	214	162
Meningococcal Infections	5	2
Poliomyelitis (Paralytic and Non-paralytic)...	104	19
Dysentery	32	22
Ophthalmia Neonatorum	3	2
Puerperal Pyrexia	64	126
Food Poisoning	57	36
Erysipelas	53	22
Tuberculosis	345	215

There has been a marked reduction in Scarlet Fever and Erysipelas, due, no doubt, to the great improvement in antibiotic therapy. Diphtheria and Poliomyelitis both show considerably reduced incidence. The first, at least, can be taken as testimony of immunisation and preventive measures in general, including better housing, but it is too early to say whether this is also true of poliomyelitis.

No impression has been made on Measles, which still claims nearly 3,000 victims each year, and somewhat surprisingly, there has been only a slight reduction in notifications of Pneumonia.

Vaccination against Whooping Cough was introduced in Cornwall in the second half of 1952, and subsequently has been fairly widely practised amongst children under 5 years of age. Notifications in Cornwall are comparatively few, and fluctuate so markedly from year to year that it is too early as yet to judge the protection afforded, but figures for England and Wales show a marked drop both in notifications and deaths over the past four years.

Puerperal Pyrexia is apparently more prevalent, but this is accounted for by a change in the Puerperal Pyrexia Regulations, which came into force in 1951, and by which the criterion of diagnosis is considerably more stringent.

Diphtheria

One case of Diphtheria was diagnosed on clinical evidence at Torpoint and treated at the Scott Isolation Hospital. The following table shows the immunisation state of the child population at the end of 1958.

Number of children at 31st December, 1958, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January, 1944)

Age on 31.12.58 i.e. Born in Year	1958 Under 1	1954—57 1—4	1949—53 5—9	1944—48 10—14	Total Under 15
A. Number of children whose last course (primary or booster) was completed in the period 1954—1958	655	11,454	16,748	12,770	41,627
B. Number of children whose last course (primary or booster) was completed in the period 1953 or earlier	—	—	6,811	14,942	21,753
C. Estimated mid-year child population	4,740	18,520	49,440		72,700
Immunity Index 100A/C	13.82	61.85	59.72		57.26

Dysentery and Food Poisoning

There was again a rise in the number of notifications of these two diseases, the Dysentery cases numbering 38 (1957 — 7) and Food Poisoning 40 (1957 — 35).

Enteric Fever

The occasional case of Para-typhoid fever still occurs in the County, and one was reported in 1958.

Typhoid fever is now a rarity, only one case occurring during the years 1951—1957. It was, in consequence, quite interesting to have two cases in 1958. The cases were not connected, but either might have led to a considerable outbreak. The first was a middle-aged man, living in the village of Golant on the Fowey river. He was the proud possessor of one of the few remaining cider presses in the area, and distributed a very popular drink to the rest of the village. The source of the infection was not found, but the patient was very partial to shell fish which he obtained from the shores of the river, and it will be remembered that the untreated sewage from Lostwithiel, Golant and Fowey all enter this river.

The second case was also potentially dangerous in that she was a nurse at the West Cornwall Hospital, Penzance.

The new antibiotic drugs have entirely changed the prognosis in enteric fevers, and both cases made uninterrupted recoveries at the County Isolation Hospital.

Poliomyelitis

14 cases were notified during the year. This is the lowest total reported for the past ten years, except for 1956 when only 8 cases were reported. It is, as yet, too early to gauge the impact of vaccination on the incidence of the disease.

The scarcity of poliomyelitis vaccine was overcome during the year by the importation of supplies from North America, and in September provision was made for the giving of a third dose to those already protected with two doses, and the offer of vaccination was extended to all persons born during or after 1933.

38,002 children under 15 were vaccinated with two injections during the year, and by the end of December third doses had been given to nearly 3,000 persons—this latter figure including some persons in the other priority classes.

Smallpox

No cases of Smallpox occurred during the year. The last occasion on which there were any cases in the County was in 1949. The following table shows the amount of smallpox vaccination carried out in the last ten years.

Smallpox

Year	Live Births	Vaccinated		Total Primary Vaccinations
		Under 1	1—4	
1949	5,097	840	1,430	7,445
1950	4,819	710	583	1,714
1951	4,865	1,027	605	2,366
1952	4,877	1,079	626	2,092
1953	4,752	1,046	654	2,085
1954	4,819	1,286	690	2,315
1955	4,418	1,215	860	2,389
1956	4,751	947	563	1,735
1957	4,768	1,452	673	2,528
1958	4,805	1,429	816	2,521

Acute Rheumatism

Acute rheumatism in children under 16 continues to be notifiable in Cornwall. Only one case was notified during the year.

Tuberculosis

The following table shows the new notifications of tuberculosis in Cornwall during 1949—58:—

New Notifications of Tuberculosis

Year	RESPIRATORY			NON-RESPIRATORY			ALL FORMS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
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
1955	155	103	258	15	13	28	170	116	286
1956	115	80	195	8	13	21	123	93	216
1957	118	78	196	9	16	25	127	94	221
1958	124	70	194	4	21	25	128	91	219

Deaths

The following table shows the deaths from respiratory and non-respiratory tuberculosis in recent years, together with death rates for Cornwall and England and Wales.

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
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	0.47	0.08	0.55
1948	112	32	144	0.34	0.10	0.44	0.44	0.07	0.51
1949	127	23	150	0.38	0.07	0.45	0.41	0.05	0.46
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	0.28	0.04	0.32
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	0.16	0.02	0.18
1955	48	7	55	0.14	0.02	0.16	0.13	0.02	0.15
1956	34	3	37	0.10	0.01	0.11	0.11	0.01	0.12
1957	37	3	40	0.11	0.01	0.12	0.10	0.01	0.11
1958	35	8	43	0.10	0.02	0.13			

Preventive Measures—Schoolchildren

Mass radiography, Mantoux testing and B.C.G. vaccination continue to be well accepted by the community. The following table shows the work

carried out on schoolchildren in their 14th year since the work was commenced in 1953:

Year	Number Tuberculin Tested	Number Mantoux Positive	Percentage Mantoux Positive	Number Mantoux Negative	Number B.C.G. Vaccinated
1953	1,779*	508	28.7%	1,271	1,243
1954	2,966	575	19.3%	2,391	2,301
1955	3,139	539	17.1%	2,600	2,518
1956	3,217	560	17.4%	2,657	2,609
1957	3,721	697	18.7%	3,024	2,999
1958	3,167	633	19.9%	2,534	2,509

* Health Areas I and III only.

Mass radiography

Dr. Sheers continues to give us valuable aid with mass radiography, both of school children and the general public; indeed more than one-fifth of the new cases of respiratory tuberculosis are found by this means.

In the latter half of 1958, a new light mobile unit specially designed and constructed to operate in the rural areas of Devon and Cornwall, was brought into use.

The following is an analysis of the work done in 1958:—

Date	Site		Number examined	Active Pulmonary Tuberculosis
January	Truro	Schools	1,457	2
February	Falmouth	Schools	818	—
	Camborne	Schools and Students	1,236	1
	Penzance	Schools	1,172	1
March	St. Ives	Public	1,950	1
	Redruth	South Crofty Mine	249	1
	Menheniot	Public	352	1
	Liskeard	Public	694	1
	Saltash	Public	963	2
May	Delabole	Slate Quarry	125	1
	Padstow	Public	624	2
	Wadebridge	Schools	181	1
	Fowey	Schools	93	—
	St. Austell	Public	2,028	2
June	Newquay	Schools	180	—
	Helston	Schools	249	—
	Bude	Schools	232	—

Date	Site		Number examined	Active Pulmonary Tuberculosis
	Launceston	Schools	290	—
	Camelford	Schools	139	—
	Bodmin	Schools	192	—
Sept.	*Crofthandy	Public	34	—
	*Chacewater	Public	175	1
	*Blackwater	Public	102	1
	*Porthtowan	Public	61	—
	*Mount Hawke	Public	69	1
	*St. Agnes	Public	302	1
	*Mithian	Public	42	—
	*Perranporth	Public	510	1
October	*Goonhavern	Public	190	—
	*Newlyn East	Public	180	—
	*Grampound Road	Public	146	1
	*Probus	Public	142	—
	*Summercourt	Public	107	—
	*Treviscoe	Public	169	—
	*Indian Queens	Public	287	—
	*Crantock	Public	90	—
	*Port Isaac	Public	148	—
	*Wadebridge	Public	694	1
	*Mitchell	Public	66	—
	Bodmin	St. Lawrence's Hospital	1,250	8
Nov.	Millbrook	Public	437	—
	Hayle	Public	767	1

* New Small Unit.

REPORTS OF CHEST PHYSICIANS

The following report has been supplied by Dr. L. W. Hale, the Senior Chest Physician of the West Cornwall Clinical Area.

" During 1958 the Medical Department at Tehidy Hospital comprised 150 beds; the average number of beds for tuberculosis being 106, and that for non-tuberculous diseases, 47.

The comparison between discharges and deaths during the year, between tuberculous patients and non-tuberculous is instructive, showing 275 tuberculous as compared with 378 non-tuberculous cases: the increasing amount of non-tuberculous respiratory work is reflected in the speedier turn-over in the 47 beds deployed for this category. 32 cases of pulmonary tuberculosis from the West Cornwall Clinical Area were referred for major surgical treatment during the year. The emphasis continues to shift from

pulmonary tuberculosis in the direction of carcinoma of the bronchus, as far as the diagnostic work is concerned. The figure discovered at the Chest Clinics at present has risen to 22 for 1958, as compared with 7 in 1957 and 8 in 1956.

It is noted that there is usually a small waiting list nowadays (up to six tuberculous patients of either sex); these are almost all non-urgent cases and there is no problem in securing the admission of urgent ones.

The difficulty of finding suitable resident medical officers in the junior grades has continued, and has resulted in certain short-handed intervals, periods of locum assistance, etc. The provision of this grade of medical service is a very important part of the hospital structure, and it is felt that the efficiency of departments will suffer unless a constructive method of filling posts in these grades can be evolved.

Out Patient Work

Clinic attendances during 1958 were comparable to the preceding year, at 7664. Contact Clinic attendances continued good, though the lower figure of 682 first attendances may give a contrary impression. In fact, owing to the high attendance figures at these Clinics which occur monthly, it has been found expedient to perform the tuberculin skin test on a number of contacts before their first attendance at the Contact Clinic, and so to combine Mantoux reading with B.C.G. vaccination at one attendance, instead of having the patient to the Clinic twice. B.C.G. vaccinations show a continuing rise, the figure for 1958 being 1002.

There has been difficulty occasionally in radiographer supply at the Clinics at Bodmin, Newquay and St. Austell, and at Bodmin and Newquay Clinic cancellations have been necessary at times for this reason, the patients being directed alternatively to St. Austell or Truro.

The Clinic for stretcher cases, held at Tehidy Hospital fortnightly, had dwindled to such small numbers that it was possible to discontinue it at the end of 1957.

X-Ray Department

The installation of the X-ray equipment in the Central Chest Clinic at Tuckingmill was completed, and the Department opened for work on the 1st July, 1958.

The equipment comprises a Watson generator, with rotating anode tubes, and tomography attachment; and a Watson camera unit with phototimer, and the accommodation includes a radiographic room, fully equipped processing room, viewing room with drying cabinet.

Adjoining the clinic Waiting Room is the patients' changing room, containing four cubicles. There is good storage accommodation for patients' x-rays.

This department has greatly facilitated working. Full-sized or miniature x-rays are taken, the latter category being used extensively in the contact clinics. It is now possible to do special surveys of shops, mills, factories, etc., where the discovery of an infectious case has necessitated an immediate review of contacts (such work, descending upon one area clinic suddenly, has in the past been more than X-ray departments or Clinic facilities could handle).

Finally an energetic follow-up of the 'Black List' of 64 persistent infectious cases reported in 1957 has been carried out, and by reviewing the cases and taking various hygienic and therapeutic measures, it is extremely satisfactory to note that this category of known infectious patients is now reduced to about 18 cases."

Dr. J. C. Mellor, who looks after the East of the County, writes as follows:—

"The Eastern parts of the County (Health Areas 6 and 7) continue to be managed by the Plymouth Clinical Area, and clinics are held in Plymouth (twice weekly), Launceston (average once per week) and Liskeard (average once per week) to cater for the patients in these areas. It is felt worth while noting here that clinic facilities could well be utilised at Stratton for the extreme northern part of the County—the Bude area. Adequate X-ray facilities, however, are not available at Stratton but approximately fifty per cent of patients attending the Launceston clinics are drawn from this area. One clinic per month is of course set aside at each centre to deal with contacts.

Despite the geographical handicaps, the clinics continue to be well attended, although there was an overall slight drop in the total attendance figures for 1958 as compared to 1957—2992 as opposed to 3453. This drop was almost entirely due to the virtual abandonment of active treatment cases during the year (artificial pneumothorax and pneumoperitoneum). New cases referred actually increased from 288 in 1957 to 350 in 1958, this despite the increasing use being made of the miniature general practitioner session established in Plymouth—335 attending in 1958 as opposed to 265 in 1957.

Contact clinics continue to be well attended, despite the fewer cases being admitted to the register—actually the number of new contacts showed an increase of 20 over the previous year's figure. This reflects great credit on the work of the health visitors. 4.5 contacts were examined in respect of each newly admitted case to the register, this figure comparing favourably with the national figure.

New notifications during the year were at a very low figure (36), which for an approximate population of 82,000 represents an incidence of 0.44 per 1,000. It is felt that a goodly reservoir of cases still exists and probably mass radiography and an even more intensive contact scheme will be the most profitable way of tapping this reservoir.

Hospital cases continue to be treated at Didworthy Sanatorium. Fewer cases are now submitted for surgery, greater reliance being placed on drug therapy. Beds were freely available and there was no waiting list.

There were very few sputum positive cases remaining at home at the end of the year. Of the total number of patients on the register (347) there were only 10 such cases—4 females, 6 males—and 5 were drug resistant.

It is hoped that this short resume of the work of the Eastern part of the County will strike an optimistic note, but not lead to a feeling of complacency. Rather, one should now redouble one's efforts and use whatever means available to tap the reservoir which I am sure still exists."

Disseminated Sclerosis

Disseminated Sclerosis is a chronic, progressive disease of the central nervous system. The initial symptoms are comparatively trivial, transient weaknesses are noticed in adolescence or early adult life, but the disease invariably progresses to complete crippling, although long remissions may occur.

Little is known of the aetiology of the disease. The following notes concerning the general distribution of disseminated sclerosis and the prevalence of the disease in Cornwall over the past ten years may be of interest.

World Distribution

Some information on the world distribution of disseminated sclerosis can be obtained from mortality figures published by the World Health Organisation, but the methods of recording and the accuracy of the diagnosis are so variable, that these figures are not very reliable. I have the figures for the years 1951/52, the latest figures available. They show the disease to be common in the United Kingdom, North West States of Europe, Northern France, Germany and Switzerland, with death rates of 2—3 per 100,000 population per annum; fairly common in Canada, New Zealand and the U.S.A., with rates around 2 per 100,000 population per annum, and rare in Italy, Spain and the Mediterranean basin, Australia and South Africa, with death rates under 1 per 100,000 population per annum. In China and Japan, it is said to be unknown (Bord, W., 1958).

In South Africa, it has long been believed that disseminated sclerosis was a rare disease amongst the white population, a belief confirmed by figures obtained by Dean (Dean, 1949). Amongst the white population who have never lived abroad, he was only able to find five cases, and a further nine amongst immigrants. These fourteen cases, together with fifteen cases of doubtful diagnosis, made up the total known prevalence of disseminated sclerosis over a period of ten years in a white population of 2,400,000.

British Isles

Death rates from disseminated sclerosis have remained remarkably consistent over the past thirty five years, being approximately 17 per 1,000,000 living. Variations have occurred during the war years, and also in the

distribution between the sexes. In the early 1920's, the death rates from disseminated sclerosis in men and women were approximately equal, but the proportion of women affected has greatly increased until now the death rate in women is some $33\frac{1}{3}\%$ higher than in men.

The Registrar General does not analyse deaths from disseminated sclerosis by areas, so it is impossible to compare the prevalence of this disease in different parts of the British Isles, the only information we have being the few surveys made by individuals on circumscribed populations. In 1931, Allison found 60 cases of disseminated sclerosis in a population of approximately 489,000 in North Wales, giving a prevalence of 12.3 per 100,000. Pratt (1951) found a prevalence of 34 per 100,000 amongst a population in Lincolnshire and, more recently Allison and Miller (1954) made a very complete survey of Ulster, where they found a prevalence of 51 per 100,000. Many more surveys of this nature, using standardised methods, will be necessary before we can hope to plot the prevalence of the disease in the British Isles.

Cornwall

Information concerning the prevalence distribution of disseminated sclerosis in Cornwall has been collected from two sources, namely —

- (i) Records of deaths from the disease during the 20 year span 1938—1957
- (ii) An investigation of known patients during the 10 year span 1948—1957

Deaths for the years 1938—1947 were obtained by a search of the records of the registrars of deaths throughout the County, and deaths occurring in the years 1948—1957 have been collected as a progressive investigation, each Medical Officer of Health forwarding returns of any deaths from the disease in his area.

In all there were 244 deaths recorded in the 20 year period. The average population of Cornwall during this period was 332,583. The annual crude mortality rate from disseminated sclerosis was, therefore, 3.67 per 100,000.

The average crude annual mortality rate for England and Wales from disseminated sclerosis for the same period was 2.2 per 100,000, but the rates are not comparable as in the Cornwall figures all death certificates in which disseminated sclerosis was mentioned were included, irrespective of whether it was considered the primary cause of death.

The ratio of men to women in the Cornwall series is 1 : 1.26 (compare 1 : 1.26 for England and Wales).

The distribution of these deaths expressed as a percentage of total deaths from all causes is shown in the Table below. A high incidence will be noted in Health Area V, largely accounted for by the Wadebridge Rural District where the rate is 100% above the mean for the County, and in Area VI.

DISSEMINATED SCLEROSIS

Deaths — 1938/1957				Live Cases of Disseminated Sclerosis as at 31.12.58			
Area	Average Population	Disseminated Sclerosis Deaths Total	Average Disseminated Sclerosis Death Rate Per 100,000	Average Annual Death Rate (All Causes) Per 1,000	Disseminated Sclerosis Death Rate expressed as percentage of total Death Rate	Total Population	Prevalence Rate Per 1,000
I	50,483	40	3.96	14.44	0.27%	49,530	.63
II	61,296	44	3.58	14.24	0.25%	63,870	.55
III	59,575	27	2.26	13.56	0.17%	60,960	.79
IV	58,077	33	2.84	13.38	0.21%	59,780	.67
V	23,522	31	6.59	13.99	0.47%	24,590	.94
VI	29,367	34	5.79	13.29	0.43%	28,810	.38
VII	50,623	35	3.45	13.77	0.25%	51,230	.47
Area I	— Penzance M.B., St. Ives M.B., St. Just U.D., West Penwith R.D.				Area V	— Bodmin M.B., Padstow U.D., Wadebridge R.D.	
Area II	— Helston M.B., Camborne-Redruth U.D., Kerrier R.D.				Area VI	— Launceston M.B., Bude-Stratton U.D., Camelford R.D., Launceston R.D., Stratton R.D.	
Area III	— Falmouth M.B., Penryn M.B., Truro City, Truro R.D.				Area VII	— Liskeard M.B., Saltash M.B., Looe U.D., Torpoint U.D., St. Germans R.D., Liskeard R.D.	
Area IV	— Fowey M.B., Lostwithiel M.B., Newquay U.D., St. Austell U.D., St. Austell R.D.						

Known Cases

A record has been kept of cases of disseminated sclerosis occurring in the County during the 10 year period 1948—1957. Dr. N. A. Alcock, consulting neurologist in the West Cornwall Hospital Management Committee Area, kindly notified me of cases attending his clinics, and general practitioners throughout the area were informed of the investigation and asked to assist.

At the end of the investigation (31.12.58) each practitioner was sent a list of known cases in his practice, and asked to confirm that they were still alive and resident in the area, at the same time adding any further case of which he had knowledge.

The response has been excellent. Of 189 doctors practising in Cornwall, confirmatory lists have been received from 180.

In all, some 300 patients were collected over the ten years, but the final analysis concerns 210 patients in whom the diagnosis is reasonably certain and who were known to be alive on 31st December, 1958.

The results shown in the above table give the distribution in Local Authority areas at 31.12.58. The picture produced is remarkably similar to that of the deaths from the disease over the previous 20 years. In particular, Health Area V shows a prevalence some 50% above the County mean and, again, it is Wadebridge Rural District with a rate 94% above the mean, which is responsible. This high rate is not due to the idiosyncrasy of a particular doctor, as seven practitioners notified cases in the Wadebridge Rural area.

It is not easy to decide on the next step in this investigation. The biochemist is playing an increasing part in unravelling the aetiology of certain obscure diseases such as hypertension and cancer. I personally believe that the answer to disseminated sclerosis may well be found in his hands.

Meanwhile we are trying to devise a method of analysis of trace elements in soil and water in the hope that this may give us a lead.

Convalescent Accommodation

Arrangements continue to be made to provide convalescent accommodation of the 'holiday home' type, for which the demand is increasing. 87 patients were accommodated during the year, compared with 84 in the previous year.

Many of the patients are transferred direct from hospitals, and there is good reason for believing that the decision to refer them to the Local Health Authority rather than to the Regional Hospital Board is, in some case at any rate, a question of available beds.

In Homes, such as those run by the Community of the Epiphany at St. Agnes and Truro, in which most of the accommodation is for permanent residents, there are nursing staffs and a willingness to take the convalescent patient who needs, at least at the outset, rather more care and attention than could be expected in 'holiday home' type of accommodation. As the Regional Hospital Board has no convalescent accommodation within the County, it is not difficult to imagine that cases may also arise where a patient is unwilling to go out of Cornwall because of the difficulty and cost of visits from relatives, and that some patients of this kind are referred to the Local Health Authority.

The Almoner's position is certainly an invidious one, the more so because patients are required to contribute in accordance with their means when convalescent accommodation is provided by the Local Health Authority but are not expected to pay when it is provided by the Regional Hospital Board.

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 decision whether it should be provided by the County Council is made by the Assistant County Medical Officer after investigation of the financial circumstances of the patient.

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 cupboard.

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 2 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.

HEALTH EDUCATION

Health education is carried out mainly by the staff of the Health Department, and continues to extend in scope and in content. The general public is becoming more interested and realises that ways of sensible living lead to positive health. Apathy is steadily being overcome.

Many requests come from women's organisations for instruction on health, and such meetings are well attended, it being appreciated that this is a topic which affects each member. Audiences are varied, and include members of Civil Defence, British Red Cross Society, St. John Ambulance Brigade, schoolchildren, Parent Teacher Associations, Young Farmers Clubs etc.

Many visual aids are available to the staff to help in the work, including films, film strips, flannel-graphs, roll-up blackboards, triptych screens, posters, leaflets, and bookmarks. The cine projector and eight film strip projectors owned by the County Council are in frequent use.

In the Spring we again had a visit from staff of the Central Council for Health Education, who held a two-day refresher course on "The Teaching of Parentcraft" for the public health staff. They also held half-day conferences for teachers on "Health Education in School", and for home helps on "What would you do?".

These refresher courses are inspiring and bring fresh ideas for presentation. This one was well attended by nurses, health visitors and home helps from all parts of the County.

DOMESTIC HELP SERVICE

This service, which operated in only a few districts on the Appointed Day, has been extended to cover the whole County. The day-to-day work has been undertaken by the Women's Voluntary Services and at 31st December 1958, there were thirty-one voluntary home help organisers supervising 270 home helps.

At first the demand was to help aged people, and where there was temporary illness in the home. Although priority was given to maternity cases the demand at the outset was small, but it has gradually increased as confidence in the service has grown. The scope of the work has been enlarged to cover tubercular households, problem families, and the care of children during their mother's stay in hospital. The latter group requires a selected home help who, when necessary receives advice from the health visitor. By far the greatest demand is from the chronic sick and infirm, and although about 140 elderly people who require assistance for heavy work are assisted through the Home Aid Scheme, the number of old people requiring a home help is steadily rising.

During the latter part of the year it was decided to try out a new approach to problem families, and the experiment has commenced in one area. After consultation between the Assistant County Nursing Officer, the Health Visitor and the County Home Help Organiser, a family was selected and a home help briefed in her duties. There was very little bedding in the home, and this was supplemented by the Welfare Department. The health visitor and the home help have worked in conjunction, the health visitor giving advice and the home help the practical training in washing, cleaning and cooking, the planning of the work, budgeting, and mending of clothes. The mother has responded and now takes a pride in her own and her children's appearance, the children are well fed and trained in good habits, the baby of two-months is now making satisfactory progress, and the mother is an adequate cook. Her relatives, who had shunned her because of her slatternly methods, are also helping her, and the local doctor is high in his praise of the service, which has kept the family out of his surgery. While it is too early to measure the ultimate success with this

household, it has undoubtedly upgraded the home and the service will be extended to other households.

Discussion groups for home helps have been held in two areas, and talks on " Home Safety " illustrated by films, and " The Care of the Aged " have been given by senior members of the staff. Another talk " What would you do?" also illustrated by a film, was given by a lecturer from the Central Council for Health Education. These meetings have been well attended and much appreciated by the home helps, giving them an insight into their place in the National Health Service and stimulating them in their work.

The following table shows the number of home helps employed and the cases served.

	Number of home helps employed:			Number of cases served:			
	Whole time	Part time	Spare time	Maternity	Tuberculosis	Chronic sick & old age	Others
Area 1	3	2	26	18	6	97	12
Area 2	7	14	36	37	3	138	36
Area 3	13	10	15	42	7	168	40
Area 4	1	8	46	43	2	118	33
Area 5	—	—	22	32	1	32	16
Area 6	1	—	27	11	1	38	7
Area 7	—	4	33	20	—	78	19
Resident	1	—	1	41	—	2	10
	26	38	206	244	20	671	173
		244		1008			

The following table shows the work over the past five years.

Year	Equivalent No. of Whole-time H. Hs.	Maternity	Tuberculosis	Chronic sick & old age	Others	Total
1954	124	290	36	499	419	1,244
1955	146.5	236	43	632	307	1,218
1956	127.3	231	33	535	324	1,123
1957	122.7	220	30	584	238	1,072
1958	122.7	244	20	671	173	1,108

I should again like to express my thanks to Lady Carew Pole, W.V.S. County Organiser, and all the voluntary organisers who are responsible for the expansion of this service, which is of such great value to the community.

MENTAL HEALTH

1. Administration

(a) Committee

The services of the Local Authority relating to mental health are administered by the Welfare Sub-Committee. This committee, as its name implies, deals also with the County Council's welfare services under the provisions of the National Assistance Act of 1948. Meetings are held at quarterly intervals but the Chairman is always available for any necessary consultation between meetings. In view of the impending changes in mental health legislation, and the anticipated development of Local Authority services, a small sub-committee has been formed to consider present and future needs, particularly regarding the training of the mentally handicapped in the community.

(b) (1) Staff

The staff engaged in mental health work is shown at the commencement of the report. The only change during the year has been the appointment of an Assistant Educational Psychologist, who is engaged solely on child guidance duties, and we welcome Mr. Grover to this post.

1958 has been the first full year that we have been without a psychiatrist on our own staff. As stated in my report for 1957, it was proposed to rely on the South Western Regional Hospital Board for the services of psychiatrists, both in child guidance and mental deficiency, and generally speaking this arrangement has worked quite well. Child guidance is dealt with separately in my report as Principal School Medical Officer, but in mental deficiency the School Medical Officers, with the support of Dr. D. Prentice, Medical Superintendent of the Royal Western Counties Institution, have covered the medical side of the work very satisfactorily indeed.

The lay administration and supervision of the Mental Health Services, excluding child guidance, is carried out by the County Mental Health Officer, and the seven male and one female officers in the field are responsible for day to day duties in respect of the mentally ill and handicapped. These duties include the admission of patients to hospital for care and treatment, the after care of patients returning home and the supervision of the mentally handicapped in the community. Three teachers are responsible for the training of retarded children who cannot be included in the education system.

(b) (2) Training of Staff

This is the third successive report in which I have specifically mentioned the vexed question of training for staff engaged in mental health work. Yet again I can only repeat my words of last year—"it is disappointing to note that no concrete proposals have emerged at Ministerial level to deal with the problem". The only specific training and qualification in mental health at the present time is that of the Psychiatric Social Worker, but this training seems to me to cover a highly specialised but somewhat narrow

field. Psychiatric social workers should be a necessity in any mental health service if they can be found, but the bulk of mental health work in the community is carried out by rather more general purpose field staff, for whom there is no recognised training or qualification. These officers, many of whom have had long experience, do excellent work, but on paper they are unqualified, apart from the now obsolete examinations of the old Poor Law Examinations Board. There is no doubt that the importance of mental health is rapidly coming to the fore, but unless there are adequate proposals for training, recruitment and recognition of status, the development of the service will be curtailed and possibly halted through lack of trained staff.

In Cornwall, one officer attends a week's university refresher course each year, and I am hoping that it may prove possible, in the not too distant future, to organise another course of in-service training in conjunction with the Medical Superintendent of St. Lawrence's Hospital, Bodmin. Training of this sort, whilst invaluable to personnel already in the service, does nothing to stimulate recruitment of staff for the future, and it is here particularly that policy on a national level is sadly lacking. Let us hope that the awaited report of the "Younghusband" Committee will give a clear lead on this problem and that action will follow.

(c) **Mental Health Bill, 1959**

Strictly speaking, no mention should be made of this Bill in a report for the year 1958, but it is impossible to leave at least passing comment until next year. The Bill follows the recommendations of the Royal Commission fairly closely, and seems an imaginative but practical document. The powers of Local Health Authorities under Section 28 of the National Health Service Act of 1946 are now clarified, and there is tremendous scope in Cornwall for the build up of our mental health services under this section. It is obvious that in some ways a danger exists of setting up a parallel service to the Hospital, particularly in the field of mental deficiency. To prevent this there must be full and complete liaison at all stages of development so that a common policy may avoid duplication of some services to the possible exclusion of others.

It is, of course, impossible in a report of this nature to give an account of the changes in legislation which the Bill suggests in its 146 clauses and 7 schedules. I must, however, remark on a few points which occur to me, the first of which is the benefit of having one comprehensive enactment covering the whole sphere of mental health. This is particularly noticeable in Part V of the Bill dealing with the admission of patients concerned in Criminal Proceedings. The changes in terminology are welcomed, although I wonder if the suggested words "subnormal" and "severely subnormal" really are a great improvement on the old expressions. The words "mentally retarded" and "severely mentally retarded" seem to me somewhat more acceptable. The term "psychopathic disorder" has been defined, although compulsory powers to deal with this class of patient are limited. In any

event, before psychopathy can be investigated and treated to any great extent, special centres will have to be set up by Regional Hospital Boards as present hospital services cannot be expected to cater for this type of case.

Procedures for admission to hospital are much simplified in the new Bill, and patients who are willing to accept admission, or if they are without volition, do not positively object to admission, will enter hospital without legal formality. Compulsory procedures are based on two medical recommendations, one of which must be given by a Medical Officer experienced in the diagnosis or treatment of mental disorders, but the Magistrate or Judicial Authority does not now enter into the matter. Another point of great significance lies in the fact that under the Lunacy Acts a person could not be dealt with compulsorily unless it could be clearly stated that he or she was of unsound mind. Compulsion can now be used if medical opinion states that the person is suffering from mental disorder of a nature or degree which renders him or her suitable to be detained in a hospital for treatment. The difference here is, in my opinion, very significant, and the scope of compulsory care seems to be very much wider. To offset this, discharge procedures are simple and adequate with a right of appeal to an independent Mental Health Review Tribunal at specified times.

One final point which I must mention is the definite place of the Mental Welfare Officer in the new Bill, and this is firm recognition of the work done over the past ten years by Duly Authorised Officers. Let us hope that their status will now receive a rather wider recognition throughout the Health Service in general.

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

To anyone with a knowledge of the Health Service who reads the Mental Health Bill, one fact becomes clear—liaison with Regional Hospital Boards and Hospital Management Committees is necessary as never before. One could, I think, go as far as to say that the success or failure of the Mental Health Service of the future rests here. The Hospital and Local Authority are jointly concerned with the needs of the patient, but the latter is indivisible and must be treated as a whole. Quite plainly, therefore, Hospital and Local Authority must get together and use their somewhat different resources in concert. I am pleased to say that considerable progress has been made in Cornwall, particularly during the past year, to improve our liaison with the Royal Western Counties Hospital Group and St. Lawrence's Hospital, Bodmin. The County Mental Health Officer has attended monthly case conferences at Starcross for some years, but during 1958 additional meetings have been arranged at roughly quarterly intervals between the Medical Officers of Health of the four Local Health Authorities in the South West, their senior Mental Health Officers and the senior Hospital Staff. At one of these meetings the Chairman of the Mental Health Committee of the Regional Board and the Board's Assistant Senior Medical Officer were

present. Personal contact and interchange of views at this level is of the utmost value, particularly in shaping future policy at a time when great changes are foreshadowed. Our thanks are due to Dr. D. Prentice, the Medical Superintendent of the Royal Western Counties Hospital, Mr. L. W. Hedger, the Group Secretary and their staff for the co-operation and ready assistance they have given during the year.

On the psychiatric side, we welcome Dr. J. F. Donovan, the newly appointed Medical Superintendent at St. Lawrence's Hospital, Bodmin. From my meetings with him since his arrival and the spirit of co-operation which has already arisen between Dr. Donovan and the Mental Health Staff of the County Council, I am convinced that an integrated and improved service to the public will result. The Mental Health Staff of the Local Authority attend monthly case conferences at the Hospital, where after care and associated problems are discussed. It is hoped that as time goes on these meetings will take place at more frequent intervals. They are of the utmost value to all, including our primary concern, the patient. Anything which will ultimately benefit him is indeed worthwhile. I should perhaps mention also that I have been invited to serve on the St. Lawrence's Hospital Management Committee, an invitation which I am pleased to accept.

Finally, the South Western Regional Hospital Board must not be forgotten. The shortage of mental deficiency accommodation is a serious problem, and the position is slowly becoming more acute. The Board has a problem to overcome in this direction, a problem which some of us feel is not given sufficient priority. In urgent individual cases the Board's officers always endeavour to be helpful even if they cannot give the answer by way of a hospital bed.

(e) Duties delegated to Voluntary Associations

No duties are delegated to Voluntary Associations as far as Mental Health is concerned, but this does not mean that there is no scope for voluntary work. The Hospital Car Service, Women's Voluntary Service, British Red Cross Society and St. John Ambulance Brigade render invaluable assistance, particularly in respect of the training of the mentally handicapped. The local branches of the National Society for Mentally Handicapped Children are also actively concerned in helping this part of the service. Whilst mental health is a specialised field which should only be organised on an official basis, there is certainly plenty of room for voluntary help to complement the work of the specialist officer.

2. Account of work undertaken in the Community

(a) Prevention of mental illness, care and after care

Last year the number of Cornish admissions to psychiatric hospitals decreased for the first time since records were kept seven years ago. Although the decrease was slight, I speculated as to whether it was peculiar to 1957, or if the steady upward climb of annual admissions had reached

its peak. I was in fact hopeful that slowly improving out-patient facilities and community services were at last bearing fruit, and the problem was being kept within reasonable limits. I report with regret, however, that during 1958 there were 1,011 admissions of Cornish patients to psychiatric hospitals, an all time record, and one which is a dramatic change from the figure of 593 admissions seven years ago. Just over 90% of the 1958 admissions were voluntary patients compared with 67% in 1951, which shows at least that patients are now far more willing to accept treatment. It is agreed that the figure of 1,011 includes some patients who have been admitted more than once during the year in question, but for comparative purposes the same can be said of the 1951 total. It is also sad to note that over 400 of the patients admitted during 1958 had received psychiatric hospital care at some time during previous years.

There is no doubt at all that we have a tremendous problem to tackle, not only in Cornwall, but throughout the country. At the end of 1957 more than 208,000 hospital beds in England and Wales were occupied by patients suffering from psychiatric illnesses or mental deficiency, which is about 40% of the total of hospital beds in the National Health Service. It is difficult to assess the number of patients receiving treatment from general practitioners but attendances at psychiatric out-patient clinics during the year almost reached one million. Statistics like these cannot fail to impress us all with the magnitude of the task which confronts us.

Whilst the importance of treatment cannot be minimised, prevention is surely the key, and prevention is to a certain extent the duty of the Local Health Authority. How then can this duty be carried out effectively? All of us are the products of heredity plus environment, although it is impossible to measure the degree of interaction between these two factors. The potential with which we are born, enriched or in many cases impoverished by early experiences and relationships, determines to a large extent our ability to measure up to the demands of the community throughout our lives. It follows therefore that preventive work suggests two courses—the direct approach by way of research into genetics and causation plus the rather more secondary line of recognising and modifying faulty relationships in very early childhood. Research depends on money, and whilst research certainly goes on, it appears to me far too dependent on voluntary funds. One thing is sure, much more is needed if we are to arrest the high incidence of psychiatric disorder in our midst. The Child Guidance Service is the present means of diagnosing and treating psychological disturbances in children, and I have already given an outline of this work in Cornwall in my separate report as Principal School Medical Officer. One of the main difficulties is that children are not referred early enough, which points to a lack of psychiatric understanding in persons intimately concerned with the welfare of children of pre-school years. This in turn stresses the need for more emphasis on psychiatry in the training of medical students, nurses and health visitors. During the year members of the Mental

Health Staff have given talks to various audiences in order that there should be more general knowledge of mental health in the community. The County Mental Health Officer has been lecturing regularly on the Police Training Course run by the Cornwall County Constabulary, so that there should be an improved understanding and liaison in this field.

I am sorry to talk now of after care of patients discharged from hospital, as this seems to emphasise failure in preventive medicine. After care, however, plays a very important part in the patient's return to the community after treatment. During the year the Mental Health Staff of my department provided after care for 234 selected cases referred by St. Lawrence's Hospital. As I mentioned earlier in this report, a much closer liaison is rapidly growing between this Hospital and the Mental Health Staff of the County, and this is vitally necessary if after care is to be of optimum value to the patient. It also ensures the co-ordinated use of Hospital and Local Authority staff so that treatment and resettlement in the community are one continuous process. I look forward to an even greater continuity in 1959, with perhaps my Mental Health Staff having a more active liaison with the Hospital's out-patient clinics.

(b) Initial Proceedings by Authorised Officers

The seven male Mental Health Officers who are responsible for much of the field work of the Mental Health Service, dealt with a total of 629 admissions to psychiatric hospitals during 1958. This figure is 83 more than the corresponding total last year. It is interesting to note that 62% of these admissions were in respect of voluntary patients; emergency short-term procedures accounted for another 26% and full certification was therefore used in only 12% of the cases dealt with. This reflects a great deal of credit on the officers concerned. Increased liaison with St. Lawrence's Hospital together with a greater quantity and depth of casework in the community, has resulted in some staffing difficulties, particularly in West Cornwall, but I am pleased to say that the County Council has authorised the appointment of an assistant mental health officer to meet the immediate need. This post should be filled in early 1959.

When the Mental Health Bill emerges into definite legislation, the procedures which the Mental Health Officer has used in the past to secure care and treatment for patients will be history. I am certain, however, that the part which this officer will have to play in the future Mental Health Service will be as great if not greater than before, and I am equally sure that the field staff in Cornwall will do most willingly all that is asked of them, as they have done for so many years.

(c) Mental Deficiency Acts 1913 to 1938

(i) Ascertainment and Supervision

Although only 65 new cases were referred for action during the year, 18 fewer than in 1957, this does not represent any significant change. There

are at present over 600 mentally handicapped persons residing in Cornwall who receive regular supervisory visits from mental health staff, and they and their families are assisted in many ways. Patients range from high grade adolescents who are helped with employment problems and encouraged to lead a stable and useful existence, to very low grade children whose main problem is nursing care in the home. During the year, the lack of hospital accommodation, which now affects all ages and grades of patient, with the exception of feeble-minded females, has caused a great deal of difficulty. Although a record number of admissions took place during 1958, our list of patients awaiting hospital accommodation rose to 51, and some cases are acute problems in the community. It was however possible to admit 13 of these for up to two months temporary care and this undoubtedly helped to avoid some crises. This rising demand for residential care is not due to an increase in mental deficiency but to a changing attitude of the public. Parents and relatives now realise the value of hospital care and training, much of the fear, ignorance and stigma is disappearing, and despite improved facilities in the community I think the demand will continue to grow. The County Council in conjunction with other Local Health Authorities in the South West has made strong representations to the South Western Regional Hospital Board for immediate action to remedy the present state of affairs.

(ii) Occupation and Training

The scheme at present in operation in Cornwall for the training of the mentally handicapped is based on the work of three qualified teachers plus a great deal of voluntary help. Training is carried out in Group Centres strategically placed throughout the County, supplemented by home teaching in more remote cases. Our training facilities at the moment can only cater for children of school age, with a few special exceptions, and the three main group centres at Hayle, Falmouth and St. Austell operate two days weekly. Smaller groups at Wadebridge, Bude and Liskeard operate one day weekly. In all 90 children were under training at the end of the year. Transport to and from the centres is provided by the Hospital Car Service and voluntary escorts care for the children on the journeys. I must say, here, how very grateful I am for the ready co-operation and help of all concerned with this part of our training scheme.

In the group centres a normal programme of training is carried out, although in some the wide range of children attending necessitates a somewhat flexible curriculum. The advantage to parents in having a respite from caring for a restless and often destructive child, even for only two days weekly, is very obvious indeed, and in a sense is preventive work from the viewpoint of the mother's physical and mental wellbeing.

The three teachers on whom the burden of training falls have done an excellent year's work, but they have been working to their fullest capacity. In addition to training they have carried out a lot of public relations work

in talking to various organisations, thus giving the general public a much clearer and more informed view of the problem of mental handicap. An exhibition stand also attracted a great deal of attention at the Royal Cornwall Show. In view of the ever growing burden on our teachers, I am pleased to say that an assistant teacher is to be appointed in 1959 to support our present scheme until a full time training centre is established. Before leaving the present to talk of the future, I must pay tribute to the voluntary helpers who assist the teachers in our centres, to the Cornish branches of the National Society for Mentally Handicapped Children for help in many directions, and to other friends who show a real interest in our work.



A happy group of children from one of our Training Centres enjoying a day by the sea.

The Report of the Royal Commission, which has been followed by the Mental Health Bill, 1959, and which in turn will lead to new Mental Health legislation, emphasises very strongly the need for greatly improved community services for the mentally handicapped. Apart from the provision of training centres for children who cannot attend normal school, Local Authorities should provide, as indeed many do already, occupation centres for adolescents and adults, and industrial centres where higher grade patients can perform useful work under sheltered conditions, for remuneration. It does not need much insight to realise that we have a tremendous amount of development ahead in Cornwall, which is going to cost a great deal of

money, and it is equally obvious that the primary need is full time training centres for children excluded from the education system. I am pleased to report, therefore, that at the time of writing the County Council has approved the building of a day training centre in the western half of the County to cater for 60 children, and work should commence on this project during 1959. Our next target must then be the provision of similar facilities in the eastern half of Cornwall. Here our difficulties increase because of distance and the widely separated location of the children to be trained, but I am certain that these difficulties can and will be overcome. Our training service has been slow to develop, mainly due to economic factors. The money must now be found to permit a much more rapid expansion, if we are to fulfil our obligations to our less fortunate fellow members of the community.

Mental Health Statistics at 31st December, 1958.

(The figures in brackets indicate the number at 31.12.1957)

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	31	49	155	234	3	8	7	8	40	87	236	386
Bodmin	(47)	(70)	(135)	(167)	(—)	(—)	(4)	(3)	(42)	(72)	(228)	(312)
Moorhaven												
Hospital,	—	—	2	4	—	—	—	—	—	1	2	5
Devon	(—)	(1)	(1)	(3)	(—)	(—)	(—)	(1)	(—)	(—)	(1)	(5)
	31	49	157	238	3	8	7	8	40	88	238	391
	(47)	(71)	(136)	(170)	(—)	(—)	(4)	(4)	(42)	(72)	(229)	(317)
Total admissions during 1958 by Duly Authorised Officers											...	629
												(546)

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

Name of Hospital	Certified M. F.		Voluntary M. F.		Temporary M. F.		Total M. F.	
St. Lawrence's Hospital Bodmin	33 (48)	51 (70)	302 (281)	514 (389)	3 (1)	9 (1)	338 (330)	574 (460)
Moorhaven Hospital Devon	— (2)	— (1)	48 (47)	51 (46)	— (—)	— (—)	48 (49)	51 (47)
	33 (50)	51 (71)	350 (328)	565 (435)	3 (1)	9 (1)	386 (379)	625 (507)
Total admissions during 1958 of Cornish Patients	...						1011 (886)	

(Included in the figures above are 112 admissions under Sections 11, 20 or 21 of the Lunacy Act, 1890, who subsequently became Certified or Voluntary patients. Not included are 31 such admissions who died or were discharged without further action being taken, or who were still in Hospital on a temporary basis on 31.12.1958).

(c) Number of Cornish Patients in Hospitals at 31st December, 1958.

Name of Hospital	Certified		Voluntary		Temporary		Total	
	M	F	M	F	M	F	M	F
St. Lawrence's Hospital, Bodmin	336 (344)	423 (446)	163 (123)	260 (209)	— (—)	1 (—)	499 (467)	684 (655)
Moorhaven Hospital, Devon	5 (5)	1 (2)	16 (16)	27 (13)	— (—)	— (—)	21 (21)	28 (15)
	341 (349)	424 (448)	179 (139)	287 (222)	— (—)	1 (—)	520 (488)	712 (670)
Total of Cornish patients in Hospitals on 31.12.1958							...	1232 (1158)

(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 Hospital	Certified		Voluntary		Temporary		Sections 20 and 21		Total	
	M	F	M	F	M	F	M	F	M	F
St. Lawrence's Hospital, Bodmin,	14 (23)	24 (36)	38 (34)	71 (54)	— (—)	2 (—)	6 (—)	7 (—)	58 (57)	104 (90)
Total			...	...	...		...	...		162 (147)

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)	16 (15)	6 (12)	22 (27)
(b) Section 57(4)	— (—)	— (—)	— (—)
(c) Section 57(5)	16 (8)	7 (15)	23 (23)
(2) Reported from other sources and ascertained as Mental Defectives	12 (21)	8 (12)	20 (33)
Totals	44 (44)	21 (39)	65 (83)

(b) Cases residing in the Community.

Type of Case	M.	F.	Total
(1) Under Statutory Supervision ...	293 (289)	263 (262)	556 (551)
(2) Under Friendly Supervision ...	21 (17)	26 (24)	47 (41)
(3) Under Guardianship ...	— (5)	2 (7)	2 (12)
(4) On Licence from Institutions but supervised by County Council ... (These figures also included in Table (e)).	6 (7)	4 (4)	10 (11)
Totals	320 (318)	295 (297)	615 (615)

(c) Cases awaiting admission to Hospitals.

Classification	M.	F.	Total
(1) Over the age of 16 years.			
(a) Idiots	3 (1)	— (—)	3 (1)
(b) Imbeciles	7 (5)	2 (2)	9 (7)
(c) Feeble-minded persons ...	6 (2)	2 (4)	8 (6)
(2) Under the age of 16 years.			
(a) Idiots	6 (7)	5 (—)	11 (7)
(b) Imbeciles	11 (10)	8 (10)	19 (20)
(c) Feeble-minded persons ...	1 (—)	— (—)	1 (—)
Totals	34 (25)	17 (16)	51 (41)

(These figures include 4 males and 2 females of idiot grade and 1 female of imbecile grade under the age of 16 at present in an Approved Home, where they can remain until they reach the age of 6 years. Also included are 2 adult male idiots at St. Lawrence's Hospital, Bodmin, and 4 adult male imbeciles at Budock Hospital, Falmouth, pending transfer to mental deficiency accommodation.)

(d) Admissions to Hospitals during the year.

Name of Hospital	Mental Deficiency Acts, Sections 3, 6, 8 or 9		Mental Deficiency Acts, Section 15		On an informal basis		Total	
	M	F	M	F	M	F	M	F
Royal								
Western Counties	7	1	—	—	14	17	21	18
Hospital Group	(20)	(9)	(—)	(1)	(—)	(—)	(20)	(10)
Other Hospitals	1	3	—	—	5	3	6	6
	(1)	(—)	(1)	(1)	(—)	(—)	(2)	(1)
	8	4	—	—	19	20	27	24
	(21)	(9)	(1)	(2)	(—)	(—)	(22)	(11)
Total admissions during 1958 ...							51	
							(33)	

(In addition to these figures 7 males and 6 females were admitted to temporary care under Circular 5/52).

(e) Cases in Hospitals (Including Licence Cases).

Name of Hospital	M.	F.	Total
Royal Western Counties Hospital Group	214 (205)	177 (168)	391 (373)
Other Hospitals	72 (70)	39 (38)	111 (108)
Cases in other Hospitals in "Place of Safety" accommodation	— (2)	— (—)	— (2)
Totals	286 (277)	216 (206)	502 (483)

WELFARE SERVICES

THE AGED AND THE INFIRM

1. Accommodation Provided

(i) By the County Council

The 1957 Report described that year as being one of consolidation and improvement of existing conditions so far as the Welfare Services were concerned. By contrast, 1958 can be regarded as a year of progress, both actual and planned.

Before this progress is considered, it would be well to review the developments which have taken place since the passing of the National Assistance Act, 1948, in other words, during the first decade of the Welfare State as it relates to the aged and the handicapped.

Certain assumptions in 1948 have been disproved during the passing of this period of ten years namely —

(a) That the Residential Homes provided by the County Council would accommodate, almost entirely, relatively active elderly persons;

(b) That if any nursing was required, the hospital services would be available; indeed, it was generally felt that it would be better to appoint Matrons (or Wardens) of the Residential Homes without a nursing qualification as no nursing would be required;

(c) That Welfare Authorities would not be required to deal with homeless families except in urgent cases arising from such emergencies as fire, flood, etc.

Experience has shewn that the type of person in the Residential Homes is getting every year more frail, that a considerable amount of nursing is done in the Old People's Homes where now the wheeled chair is regarded as a standard piece of equipment and the provision of Homes for the near-sick (frail ambulant) has become a dire necessity. This is no reflection on the hospital service, for the Geriatric Hospitals are as hard-pressed for beds as the Welfare Homes. As for the homeless (problem) families—this is the most intractable of all the Welfare problems and will be dealt with later and separately in this report.

In 1948, there were seven Part III establishments namely:—

		No. of beds provided	No. of persons in accommodation at 5/7/48
(i)	Mount View, Madron ...	16	15
(ii)	Meneage House, Helston ...	18	16
(iii)	Budock House, Falmouth ...	15	15
(iv)	Barncoose House, Redruth ...	13	24
(v)	Sedgemoor Priory, St. Austell	88	70
(vi)	Lamellion House, Liskeard ...	78	71
(vii)	Pages Cross House, Launceston ...	27	20
	Total ...	255	231

plus St. Michael's, Penzance, which was acquired in 1946, but not opened until after the appointed day—5th July, 1948. There was only one Old Person's Home in the County which was provided through the agency of a voluntary organisation, namely Downs House, Bude, and there were 3 old people in this Home for whom the County Council accepted financial responsibility.

In the 10½ years between July, 1948 and December, 1958, the County Council have withdrawn entirely from four of the old "Workhouses", i.e. Madron, Falmouth, Redruth and Launceston and have opened Residential Homes as follows:—

	No. of persons accommodated
St. Michael's, Penzance ...	21
Endsleigh, Newquay ...	28
Polvellan, Looe ...	35
Carew House, Hayle ...	25
Cliffe House, Falmouth ...	29
St. Hilary, Bude ...	37

and have entered into arrangements with the following " Voluntary " Homes:—

	No. of persons accommodated
Downs View, Bude	... 17
Eventide Home, Liskeard	... 22
Caprera, St. Austell	... 34
Perran Bay Hotel, Perranporth	... 41
Epiphany Home, St. Agnes	... 36
Rosewin Home, Truro	... 25
Malabar Home for the Blind (mainly old people) Truro	... 29

In addition, there are about twenty people in Homes outside the County, which number includes seven blind persons in the Torr Home, Plymouth.

The effect of this increase in accommodation is that at the 31st December, 1958, there were 544 old people plus about 50 in other categories in the care of the County Council, as compared with 244 in 1948.

During the year, the new Home, St. Hilary, Bude, was opened and adaptations are being carried out there. The residents in the Part III Accommodation at St. Mary's Hospital, Launceston, were transferred to St. Hilary at the beginning of September and from then until the end of the year under review, there were about 25 old people in this Home which will ultimately take 37 aged persons when the alterations have been completed. These adaptations included the remodelling of the kitchen premises, the provision of additional bathroom and lavatory accommodation, the joining together by a passage of the rooms on the top floor which were previously approached by separate staircases, and the (inevitable) fire precautions.

The Committee also decided to acquire the Penmount Hotel at Newquay which will provide another 50 Welfare beds. The negotiations were concluded by the District Valuer early in 1959 and it is hoped that this new Home will come into operation during that year.

Also, after long delays, the scheme for the building of a Home at Camborne for 60 near-sick (i.e. frail ambulant) old people of both sexes was definitely launched in the year 1958, and an appropriate sum according to the figures supplied by the County Architect was included in the Annual Estimates for 1959/60. It is hoped that building will commence in the summer or early autumn of 1959 and that the Home will be ready for occupation in the 1960/61 year.

So much for actual progress. The planned progress is along similar lines. So great was their concern on this matter, that the Welfare Subcommittee held a special meeting on the 1st July, 1958, to consider the pressure on Welfare accommodation. This pressure has increased in recent months and is likely to increase still further in the foreseeable future owing to:—

(i) The ever increasing number of frail, near-sick old people requiring accommodation;

(ii) The ever growing number of elderly people who are seeking admission to Residential Homes. The old fear of entering a "Home" because of the stigma attaching thereto, has largely gone;

(iii) The County Council's policy of withdrawing from the Joint User Establishments under the control of the Regional Hospital Board. The Sub-committee was reminded that accommodation can be provided in the County Council's Residential Homes at a cheaper rate than in the Joint User Establishments, is infinitely better and there are none of the irritations which arise from a system of dual control, or rather, of part occupation by the County Council with no control;

(iv) The possibility of having to provide accommodation for a large number of mentally infirm elderly people if the recommendations of the Royal Commission on Mental Illness and Mental Deficiency 1954-57 are implemented by legislation, or otherwise.

The Sub-committee decided to recommend, and this recommendation was later accepted by the Health Committee and the County Council, that in addition to the new Homes mentioned above, a new Home be provided in each of the next two years together with an extension to St. Michael's at Penzance or another Home there to replace St. Michael's which, although admirably placed, is rather too small to be an economic unit. It was envisaged, although no decision was taken on this point, that a new Home might be needed in each of the next five years.

Sedgemoor Priory

The scheme for alterations to this building is almost completed and there is no doubt that it is greatly improved from what it was four or five years ago. It is still, of course, an old building with all the disabilities of a fabric over 120 years old. Perhaps in the near (or distant) future, it will be possible to withdraw entirely from Sedgemoor Priory as from the other Joint User Establishments and house the residents in modern "Homes". Experience in withdrawing men from Barncoose and both sexes from Budock House, Falmouth, and putting them in the care, respectively, of Miss Johns at Carew House, Hayle, and Mrs. Solomon at Cliffe House, Falmouth, has shewn that residents accustomed over many years to the appalling conditions of the "Institution" quickly re-adjust themselves to the better conditions and kindlier atmosphere of the new Homes. All of which emphasises the importance of having the right kind of person as Matron (or Warden) of the Home and the difference which such ladies as Miss Johns and Mrs. Solomon can make.

Mrs. Ellis reached retiring age in November, 1958, and as this was a joint appointment, Mr. Ellis retired with her. A successor had not been appointed at the end of the year and it was decided to appoint a Matron

who would have the overall responsibility for Sedgemoor Priory including both the Hospital Side and the Part III residents.

The structure of the building having been improved, the Sub-committee has set itself to the task of bringing the furnishings and equipment up to something like modern standards.

Lamellion Hospital, Liskeard

Representatives of the County Council met members of the Plymouth, South Devon and East Cornwall Hospital Management Committee in December, 1957, and asked for improvements (particularly in the men's quarters) at this Joint User Establishment. The Management Committee representatives promised to carry out alterations to the men's rooms, to provide more furniture for the women's quarters, to increase the lavatory accommodation, to increase the number of staff available for Part III residents and to provide chiropody, free of charge, to the residents. At the time of writing this report, the alterations are well advanced, but not yet completed.

Human Relationships

Continuing what was said in my last Annual Report, Welfare work consists of dealing with human problems and the needs of the individual. There is much anxiety for all those engaged in this work, whether in a purely administrative capacity, or staffs of Homes, or Welfare Officers in the field. But if there is anxiety there is often, too, humour and pathos. Just two examples to shew this is a human document and not merely an official report. First—in one of the County Council Homes, a man who had been in the care of the County Council for many years and who is desperately ill and very near to death. "Matron", he said, "I don't know who'll look after 'ee when I'm gone", which only goes to show how such men (and women) respond to kindness and hold in affection such Matrons as this particular one. Secondly, in our Home at Falmouth, three elderly ladies (one has since died) wished to be confirmed. One had not been baptised, so the Vicar of the Parish Church at Falmouth came to Cliffe House and christened her. A few days later, the Bishop of Truro, also visited Cliffe House, and in his own gracious way, confirmed these three old ladies into the faith of the Church of England. It is perhaps not without significance that your Welfare Officer, an ardent Methodist, played for this Confirmation Service.

(ii) By Voluntary Associations

Residential Homes have been provided in the County by Voluntary Associations and, in accordance with Agreements made under Section 26 of the National Assistance Act, 1948, the County Council contributes to the maintenance of residents in these Voluntary Homes who are not able to pay the full standard charge. The County Welfare Officer is on the

Management Committee of the first five of the Homes mentioned below and so is in close touch with the splendid work which is being done there. Splendid work is being done at the Epiphany Homes (at St. Agnes and Truro) both of which have qualified nurses on their staff and so are able to take cases of a frailer type than normally accommodated in Old Peoples' Homes.

The Residential Homes in the County provided by Voluntary Associations are as follows:—

	Beds	Charge for maintenance per week
Perran Bay Hotel, Perranporth, by the Cornwall Old People's Housing Society Ltd. ...	41	£4.10.0
Downs View, Bude, by the Bude-Stratton Aged People's Welfare Society Ltd. ...	17	£4. 0.0
Caprera, St. Austell, by the Fred Lovering's House Ltd. ...	34	£3.12.6
Eventide Home, Liskeard, by the Liskeard Eventide Home Ltd. ...	22	£4. 0.0
Malabar Home for the Blind, by the Cornwall County Association for the Blind ...	29	£4.15.6
Home of the Epiphany, St. Agnes ...	40	£5. 8.6
Rosewin House, Truro, by the Convent of the Epiphany ...	24	£4.15.0

(iii) Residents in Part III accommodation

The number of residents in Part III accommodation at the end of the year was as follows:—

Establishment	Men	Women	Total
Meneage Hospital, Helston ...	8	12	20
Sedgemoor Priory, St. Austell ...	67	55	122
Lamellion Hospital, Liskeard ...	17	41	58
St. Mary's Hospital, Launceston ...	5		5
Part III ...	97	108	205

Council Homes

St. Michael's, Penzance ...	6	15	21
Endsleigh, Newquay ...	7	17	24
Polvellan, Looe ...	9	25	34
Cliffe House, Falmouth ...	14	13	27
Carew House, Hayle ...	17	7	24
St. Hilary, Bude ...	15	9	24

Establishment	Men	Women	Total
Voluntary Homes			
Bude Eventide Home ...	1	11	12
Caprera, St. Austell ...	8	18	26
Liskeard Eventide Home ...		13	13
Perran Bay Hotel, Perranporth ...	6	19	25
Epiphany Home, St. Agnes ...	13	15	28
Rosewin Home, Truro ...		17	17
St. Teresa's, Penzance ...	5	2	7
Methodist Homes— Ilkley & Liverpool		2	2
Ex-Officers' Home, Bishopsteignton ...	1		1
Richard Cusden Home, London ...		1	1
S.O.S. Home, London ...		1	1
Nurses' Memorial Home, Reigate ...		1	1
W.V.S. Club, Southsea ...		1	1
Blind Homes			
Malabar, Truro ...	6	17	23
Torr, Plymouth ...	3	4	7
Royal School for the Blind, Leatherhead	1		1
Rehabilitation Centre, Torquay ...	1	1	2
Wanstead, Essex ...	1		1
Epileptic Colonies			
Chalfont, Bucks ...	1	4	5
David Lewis, Cheshire ...		1	1
Meath Home, Godalming ...		1	1
Special Homes for Spastics			
Coombe Farm, Croydon ...	1		1
Ponds Home, Beaconsfield ...		1	1
Deaf and Dumb			
Bath ...	1		1
Homes provided by other Authorities			
Essex C.C. ...		1	1
Pembroke C.C. ...	1		1
Devon C.C. ...	1		1
East Ham C.B.C. ...	1		1
Plymouth C.B.C. ...	2		2
Homes etc. ...	122	217	339

The following is a summary shewing the various categories of persons in the different types of Homes.

Description of persons	Sedgemoor Priory, St. Austell		Residential Homes less than 35		35—70		Joint User Establishments		Accommodation provided by Voluntary Organisations		Provided by other Local Authorities		Total	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
1. Not materially handicapped	Aged 42	31	29	30	12	23	7	20	18	77	3	—	111	181
	Not Aged 1	2	1	—	—	2	—	—	1	—	—	—	3	4
2. Blind	Aged 1	1	2	7	1	—	—	—	8	20	—	—	12	28
	Not Aged 1	—	—	—	—	—	1	—	4	7	—	—	6	7
3. Deaf	Aged —	—	—	1	3	—	—	—	1	1	—	—	4	2
	Not Aged 1	—	1	2	—	—	1	1	—	—	—	—	3	3
4. Epileptic	Aged —	1	—	1	—	1	2	—	—	—	—	—	2	3
	Not Aged 1	—	—	—	1	—	1	1	4	7	1	—	5	8
5. Others physically handicapped	Aged 4	1	7	6	6	4	4	6	7	10	—	1	28	28
	Not Aged 6	4	—	2	—	1	—	1	6	3	1	—	13	11
6. Mentally handicapped	Aged 2	3	1	2	—	2	4	6	2	5	—	—	9	18
	Not Aged 8	12	3	1	1	1	10	18	1	—	—	—	23	32
GRAND TOTAL	67	55	44	52	24	34	30	53	49	130	5	1	219	325

Temporary Accommodation

Establishment	Men	Women	Children	Total
Hostel, 17 North Street, St. Austell ...	2	1	9	12
Sedgemoor Priory, St. Austell ...		1	2	3
Cameron Estate, St. Agnes ...	4	4	21	29
1 Myrtle Terrace, Lanreath ...	1		2	3
GRAND TOTAL ...	226	331	34	591
LESS chargeable to Other Authorities...	1	2		3
NET TOTAL ...	225	329	34	588

(v) Admissions and Discharges

Admissions to and discharges from Part III Accommodation during the year ended 31st December, 1958, were as follows:—

	Admissions			Discharges		
	Adults	Children	Total	Adults	Children	Total
Ordinary Accommodation	272	—	272	254	—	254
Temporary Accommodation	24	55	79	28	61	89
Total	296	55	351	282	61	343

2. Holidays for Old People and Handicapped Persons

(a) A holiday was again arranged for as many of the residents of Sedgemoor Priory as could travel. The number was larger than in 1957, and it was necessary to split the party into two, each spending a week at the Headland Hotel, Carbis Bay. Mr. and Mrs. Wall, the proprietors of the Hotel, were kindness itself and nothing was spared during the fortnight to make the old people happy. The residents of St. Ives poured kindnesses upon the old people as they had done the previous year, and special mention must be made of Mr. Stevens, coach proprietor, and the members of the St. Ives Rotary Club, (all of whom, including Mr. Stevens, are so generous to our Home at Hayle). There were free coach trips, concerts, etc. and each day, taxis were available to take our people from Carbis Bay to St. Ives. The party was in the charge of Mr. and Mrs. N. Evans, to whom great credit is due for the arrangements made and the way in which the little difficulties which inevitably arose, were overcome.

(b) An experiment was made with a similar holiday for handicapped people and this was held at The Membly Hall Hotel, Falmouth, in May, 1958. The Cornwall Committee for the Care of Cripples co-operated with the County Council in this venture and the cost was shared between the County Council and the Committee. The experiment was voted a great

success and is being repeated in 1959. Nearly 30 badly disabled people enjoyed this holiday despite the fact that most of them are confined to wheel chairs. The people of Falmouth did all they could to make them welcome and as it was Opera Week in the town, those that were able to go, were taken to one of the matinees. Concerts and outings were arranged, and Mr. and Mrs. Andrews, the proprietors of the Hotel, proved themselves to be not only kind but particularly adept at making these crippled men and women feel very much at home. The highlight of the week was the visit of H.R.H. The Duke of Edinburgh to Falmouth and the presentation of the party to him in the grounds of the Falmouth Hotel.

3. Homeless Families

The draftsmen who were responsible for section 21 of the National Assistance Act, 1948, worked on the assumption, as I have said earlier in this Report, that Welfare Authorities would not be required to deal with homeless families except in urgent cases arising from such emergencies as fire, flood, etc. How utterly and completely wrong this assumption was, is known to every Welfare Authority. It is a problem presenting difficulties out of all proportion to the numbers of families involved. The people themselves present an infinite variety. There is the thin-faced viperish woman who knows all the answers; there is the unmarried mother (with her child) whose mind is so dim that she is quite incapable of caring for herself or the child; there is the man who has been in and out of prison but who is yet so plausible both in speech and writing that, as he pulls out all the stops, not forgetting the vox humana, you are persuaded he is more to be pitied than blamed; there is the belligerent type; and the clinging, ineffectual father and mother whose mental and moral calibre has proved quite inadequate to meet the storms of life. One partner to the marriage is usually of low mental capacity and there is almost inevitably a common background of a poor home life involving illegitimacy, separation or divorce, and it is this handicap in life which calls forth pity and not condemnation. We are sometimes told that these families are beyond redemption, but it has been proved in the last year or so that this is not so. There are three or four families who most certainly came into one or other of the categories mentioned above and were received into the temporary accommodation of the County Council but who are now living normal lives in cottages of their own in various parts of the County. One of these cottages was provided by the Truro Rural District Council and the others were arranged by the Welfare Officer for the St. Austell District and his wife who acts as Warden of the Hostel at St. Austell. The work of Mr. and Mrs. Hurley cannot be praised too highly and in the time honoured way, the County Council have asked Mrs. Hurley, having made a success of the Hostel, whether she will try and rehabilitate a number of families in the St. Austell area. We are assured that these families are beyond redemption and that nothing can be done to improve their standards of living, and indeed the conditions in these homes are appalling. In one case, the husband is

70 years of age, the wife 40 and they have 8 children and another expected early next year. The house is filthy, almost devoid of furniture and the bedding consists of one sheet and one blanket and a mass of dirty old coats. Mrs. Hurley in her report says "The mattresses were wet through and the stench from them nauseating. In fact, the sleeping arrangements were so appalling that when the National Assistance Board refused to give any assistance, with your permission, two single iron beds and a chest of drawers, four mattresses, eight blankets and three pillows were loaned from The Hostel immediately, and the St. Austell Urban District Council made a special refuse collection to remove the old mattresses, etc." Photographs which gave some idea of the state of the bedrooms, shocked the members of the Welfare Sub-committee when they saw them.

In another case, the husband, who is unemployed, has a prison record including a conviction for incest, is a bully and the wife is obviously in fear of him.

In yet another case, the wife left the home some years ago, and the family consists of the husband (who is an unemployed labourer) and two boys. Mrs. Hurley found the conditions to be very bad and it was obvious that little or no effort had been made to clean the home (which is a pre-fabricated bungalow) for months and months. The state of the bedrooms could not really be worse—the mattresses are old and broken and the beds full of fleas. There is the usual shortage of bedding, the main source of covering being old coats.

This work of rehabilitation is by way of a pilot scheme which, if it is successful will be extended into other areas.

It is pleasing to record the increase in co-operation which the County Council is receiving from the District Councils (particularly Falmouth Borough and Truro Rural District Council) as a result of a number of joint Conferences. A scheme by which the County Council guarantees, in approved cases, rent deficiencies for a period of six months, has also been adopted. This is working in a number of District Council areas and gives a period during which the Welfare Officers of the County Council (particularly Mrs. Banham) can try and rehabilitate the family concerned and bring them to a better sense of their responsibilities to the community at large. Some of the families have responded very well indeed, the odd one or two have remained obdurate, but it is significant that since the scheme was put into operation none of the families has been received into temporary accommodation.

4. Protection of Property

There are now over 80 cases in which the County Welfare Officer acts as Receiver for persons who are not capable of managing their own affairs and this aspect of the work tends to become more onerous. There were 5 new Receivership Orders and 3 under Short Procedure Rules made by the

Court of Protection during the past year. There is much detail work in the presentation of these cases to the Court as well as in carrying out the duties of Receivership within the terms of the Orders.

5. Civil Defence

No mention has been made in previous reports of the duties in connection with Civil Defence. Although the duties are mainly of a supervisory nature, the actual detailed work in connection with the Welfare Section of Civil Defence which includes the Care of the Homeless, Emergency Feeding, Billetting, etc. is being carried out by the W.V.S., nevertheless the responsibility for the work rests upon this Department.

CARE OF THE HANDICAPPED

Number of patients on register on 31/12/1958.

Classification	Male			Female		
	16— 30	30— 50	Over 50	16— 30	30— 50	Over 50
A/E(1) Amputation ...	3	4	9	4	—	5
F(2) Arthritis & rheumatism	—	15	26	6	9	42
G(3) Congenital malforma- tions and deformities ...	11	12	6	16	10	—
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 ...	21	29	75	15	17	9
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 ...	16	26	21	8	10	3
V(6) Organic nervous diseases— epilepsy, disseminated sclerosis poliomyelitis, hemiplegia, sciatica, etc. ...	41	77	49	46	48	25
U/W(7) Neuroses, psychoses and other nervous and mental disorders not included in V(6) ...	16	13	12	6	2	3
X(8) Tuberculosis (respiratory) ...	10	31	13	10	12	—
Y(9) Tuberculosis (non-respiratory) ...	10	6	2	9	4	4
Z(10) Diseases and injuries not specified above ...	10	4	6	7	3	4
Total ...	138	217	219	127	115	95
	574			337		
Epileptics ...	18	14	2	18	2	2
Spastics ...	15	8	5	20	6	3
(Included in V(6) above)						
Total on register of Handicapped Persons other than deaf and blind						911
Miscellaneous including those deaf, blind, dull and backward— not suitable for inclusion in U/W ...						121
TOTAL ON REGISTER ...						1032

BLIND AND PARTIALLY SIGHTED 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. The Act permits the County Council to delegate this work to the Voluntary Association which has been caring for the blind for many years.

Age Period	Age Groups of Blind Persons			Age at which Blindness Occurred		
	Males	Females	Total	Males	Females	Total
0	—	—	—	26	32	58
1	—	—	—	—	—	—
2	1	—	1	2	—	2
3	—	1	1	2	1	3
4	—	1	1	—	—	—
5—10	4	1	5	11	11	22
11—15	5	3	8	7	5	12
16—20	6	1	7	10	6	16
21—29	7	4	11	14	17	31
30—39	13	19	32	27	17	44
40—49	24	26	50	36	51	87
50—59	43	48	91	49	69	118
60—64	27	27	54	29	54	83
65—69	40	28	68	22	49	71
70—79	90	174	264	56	129	185
80—84	31	93	124	19	57	76
85—89	26	79	105	9	33	42
90 & over	9	39	48	2	6	8
Unknown	—	—	—	5	7	12
Totals	326	544	870	326	544	870

New cases registered during the year:—

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Males	Females	Total
0—4	1	—	1	1	—	1
5—10	1	—	1	1	—	1
11—15	1	—	1	1	—	1
16—20	1	—	1	1	—	1
21—29	—	—	—	—	—	—
30—39	1	—	1	1	—	1
40—49	—	1	1	—	2	2
50—59	1	6	7	1	6	7
60—64	—	1	1	1	2	3
65—69	2	1	3	1	2	3
70—79	9	22	31	11	21	32
80—84	7	14	21	6	15	21
85—89	4	14	18	3	10	13
90 & over	1	6	7	1	4	5
Unknown	—	—	—	—	4	4
Totals	29	66	95	29	66	95

Blind Children under 16 years:					Males	Females	Total
1.	Age under 2	...	...	...	—	—	—
2.	Age 2—4						
	Educable	...	...	...	1	2	3
	Ineducable	...	...	...	—	—	—
					1	2	3
3.	Age 5—15						
	Educable						
	Attending Special School for the Blind						
	(i) Blind with NO other defects				5	2	7
	(ii) Blind WITH other defects ...				1	1	2
	Attending other Schools						
	(i) Blind with NO other defect ...				—	—	—
	Not at School						
	(i) Blind with NO other defects				2	—	2
	(ii) Blind WITH other defects ...				—	1	1
					8	4	12
	Ineducable						
	In M.D. Institutions						
	(i) Blind ...				1	—	1
	(ii) Blind with multiple defects ...				—	—	—
	At home or elsewhere						
	(i) Blind ...				—	—	—
	(ii) Blind with multiple defects ...				—	—	—
					1	—	1
	Total children	...			10	6	16

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

	Males	Females	Total
1. At School			
Age Group 16—20 ...	—	—	—
2. Undergoing Training			
(i) For sheltered employment ...	2	—	2
(ii) For open employment ...	—	1	1
(iii) Professional or University ...	—	—	—
	2	1	3
3. Employed			
(a) In Workshops for the Blind ...	1	—	1
(b) As approved Home Workers ...	11	5	16
All others not included in (a) or (b)	23	—	23
	35	5	40

4. Unemployed

Unemployed but capable of and
available for work:

Already trained	...	...	1	—	1
Subject to being trained	...	...	4	—	4
Without training	...	...	3	—	3

Not available for work:

Age Group 16—59	...	...	23	49	72
Age Group 60—64	...	...	11	20	31

Not capable of work:

Age Group 16—59	...	...	36	44	80
Age Group 60—64	...	...	8	7	15

Not employed over 65	...	...	193	412	605
			<hr/>	<hr/>	<hr/>
			279	532	811
			<hr/>	<hr/>	<hr/>
Grand Total	...	...	316	538	854
			<hr/>	<hr/>	<hr/>

Occupations of Employed Blind Persons:

		Within Work-	In approved	Others not	
		shops for	Home Workers	Pastime	
		the Blind	Scheme	workers	Total
Agricultural Workers	...	—	1	2	3
Basket Workers	...	1	5	—	6
Braille Copyists	...	—	1	—	1
Clerks and Typists	...	—	—	4	4
Dealers, Newsagents, Shopkeepers	...	—	1	4	5
Factory Operatives	...	—	—	1	1
Machine Knitters	...	—	4	—	4
Masseurs and Physiotherapists	—	—	—	1	1
Ministers of Religion	...	—	—	1	1
Musicians and Music Teachers	—	—	—	1	1
Office Executive	...	—	—	1	1
Piano Tuners	...	—	3	1	4
Porters, Packers and Cleaners	—	—	—	1	1
Poultry Keepers	...	—	—	3	3
Telephone Operators	...	—	—	3	3
Miscellaneous	...	—	1	—	1
		<hr/>	<hr/>	<hr/>	<hr/>
		1	16	23	40
		<hr/>	<hr/>	<hr/>	<hr/>

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

	Males	Females	Total
(a) Mentally Disordered	2	15	17
(b) Mentally Defective	8	5	13
(c) Physically Defective	31	49	80
(d) Deaf without Speech	—	—	—
(e) Deaf with Speech	2	2	4
(f) Hard of Hearing	15	41	56
Combination of (a) and (c) ...	1	—	1
Combination of (a) and (f) ...	—	1	1
Combination of (b) and (c) ...	2	1	3
Combination of (c) and (e) ...	1	1	2
Combination of (c) and (f) ...	2	6	8
	<hr/> 64	<hr/> 121	<hr/> 185

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	8	5	13
Other Residential Homes	2	10	12
Mental Hospitals	3	16	19
Mental Deficiency Institutions	5	3	8
Other Hospitals	10	19	29
	<hr/> 38	<hr/> 76	<hr/> 114

Miscellaneous information:

Social Centres ...	8
Handicraft Centres ...	8
St. Dunstaners ...	7

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 per-

manently handicapping character. "Partial Sight" has a corresponding meaning.

Particulars of the register for 1958 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	...	...	—	—	—
5—15	...	...	8	6	14
16—20	...	...	3	1	4
21—49	...	...	7	15	22
50—64	...	...	10	13	23
65 and over	...	...	26	82	108
			—	—	—
			54	117	171
			—	—	—

Cases newly registered during the year

Age at date of registration

			M.	F.	T.
0—4	...	...	—	—	—
5—15	...	...	—	—	—
16—20	...	...	—	—	—
21—49	...	...	2	1	3
50—64	...	...	1	1	2
65 and over	...	...	3	12	15
			—	—	—
			6	14	20
			—	—	—

During the year 7 persons previously registered as partially sighted persons 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 or 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	2
Unemployed:			
Available for and capable of work	—	—	—
Not available for or capable of work	10	46	56
	—	—	—
Total	11	47	58
	—	—	—

CLASS B

Persons Mainly Industrially Handicapped:

Employed	5	2	7
Undergoing Training ...	2	—	2
Unemployed:			
Available for and capable of work...	—	2	2
Not available for or cap- able of work ...	—	3	3
	—	—	—
Total	7	7	14
	—	—	—

CLASS C

Persons requiring observation only 28 57 85

CLASS D

Children 5—16:

Educable			
At special schools ...	4	1	5
At other schools ...	3	2	5
Not at school ...	—	1	1
Ineducable	1	2	3
	—	—	—
Total	8	6	14
	—	—	—

Children over 16:

Still at school ...	—	—	—
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THE DEAF AND DUMB

The following report has been received from Miss Una Potter, B.A., B.D., S.Th., A.I.S.W., Deaf Welfare Diploma, the County Missioner, on the work of the Cornwall Association for the Deaf and Dumb. This Association provides for the spiritual, social, general and personal welfare of the deaf and dumb in the greater part of Cornwall. The Plymouth Mission provides for those in the south-eastern part of the County, both bodies receiving financial support from the County Council.

Register Those who were born deaf or lost their hearing before the acquirement of speech —

	County of Cornwall Association	Plymouth Mission
Men		
Over 65	...	7
16—65	...	42
Women		
Over 60	...	23
16—60	...	42
Boys		
At school	...	17
Under school age	...	5
Girls		
At school	...	12
Under school age	...	2
	150	35

During the year 2 deaf died, and 3 children were added to the register.

Homes and Institutions

	Men	Women
Mental	...	1
Part III accommodation	...	2
Hospital	...	—
Blind	...	—
Partially sighted	...	—

Centres There are centres for the deaf at Camborne, Truro, St. Austell. At Camborne there is a weekly club on Saturday evenings. Billiards, snooker and darts are played, and beetle drives and matches are held with deaf and hearing teams. The average attendance is 9. Services have not been held regularly at St. Austell this year, owing to the difficulty of getting

accommodation. However, Toc H Room is open again, and we are having fortnightly meetings. The average attendance is 14. Services are held at Truro, the average attendance is 6.

Parties were held at Camborne and St. Austell, and an outing by coach to London in June, in which 20 deaf from all parts of Cornwall took part. The River Police took us on a launch on the Thames and pointed out the places of interest, the missionary interpreting. Many had never been to London before, and were most interested. Most of the born deaf read very little owing to lack of vocabulary, so that such an outing, where they can see famous places for themselves has cultural value as well as being very enjoyable for them.

Visiting Most of the deaf are not able to attend the centres frequently, some not at all, owing to distance or old age. These are visited regularly and visits have been paid to deaf in nine hospitals and nursing homes.

Employment I have co-operated with the Disablement Resettlement Officers and Youth Employment Officers in placing deaf.

Men: 16—65

Working	...	...	33
Incapable of work	...	...	8
Unemployed	...	...	1

Women: 16—60

Married	...	...	17
Working	...	...	13
Helping at home	...	...	3
Not available for or incapable of work	...	...	7
Unemployed	...	...	2*

*School-leavers not yet placed.

The deaf follow a variety of trades:—

Men: Cabinet-maker, carpenter, painter, butcher, baker, factory-worker, market gardener. In the St. Austell area all except one work in the Claypits.

Women: Laundry-worker, cream-packer, confectioner, cook, hotel domestic, dressmaker, leather-worker, knitting.

Four men and four women work on farms owned by themselves or by relatives.

Interpreting The missionary has interpreted at hospitals and employment exchanges during the year, and at Penzance County Court.

Education All deaf children in the County are receiving instruction. lessons in language, speech and lipreading have been given to two uneducated deaf and one girl who has left school.

HARD OF HEARING

Register This includes those who have become deaf but have natural speech, including children who use hearing aids and attend hearing schools.

Men	Over 65	...	...	54
	16—65	...	...	41
Women	Over 65	...	...	116
	16—65	...	...	92
Boys			...	8
Girls		...	...	4
				<hr/>
				315
				<hr/>

A lipreading club is held fortnightly at Perranporth. Children with deaf aids attending hearing schools have been visited and two have been given special coaching as they were being retarded by deafness.

Many of the hard of hearing are elderly and find a hearing aid only a partial help. Lipreading is difficult, especially if the eyesight is not good. Home visits are paid and the hard of hearing have been visited in six hospitals (including three for mental patients) and four Old People's Homes.

OTHER CLASSES OF HANDICAPPED PERSONS

Report of the Cornwall Committee for the Care of Cripples

A year ago attention was drawn to an increase in cases under treatment and a decline in the number of visits undertaken by the occupational therapists. During the year under review the position in both instances has been reversed. The fall in the cases under treatment is negligible and only appears to reflect a normal average variation. This is not quite true of the increase in visits which is in the region of ten per cent and, considered in conjunction with the larger output of patients' craftwork and the upward trend of sales, is impressive. Payments to patients by way of pocket money reached a figure of £412. Once more it is a pleasure to record the whole-hearted co-operation of the County Welfare Officer and the Children's Officer.

In the field of welfare it is probably true to say that more progress has been made than ever before. Matters connected with unsuitable housing conditions, lack of special equipment such as mechanical aids, and the burden to relatives of having to care for cases of severe disablement over long periods are among the problems which have been encountered. Although it cannot be claimed that a solution has been found in every instance—indeed, many problems are by their very nature insoluble—much has been done to make life more endurable for some of the people who have looked to us for help. It must be added that without the co-operation of others—especially the officers of the County Welfare Department—our own limited resources would have been totally inadequate to meet the calls made upon them.

A holiday in prospect for seriously disabled patients was mentioned a year ago when it was referred to as in the nature of an experiment. In the event the scheme proved to be an unqualified success. Twenty-five men and women, all of whom were dependent to a greater or lesser degree on others for their essential physical needs, were given a holiday at the Membly Hall, Falmouth. The scheme was organised in conjunction with the County Welfare Committee, which met half the cost, the British Red Cross Society and the Order of St. John. The latter organisations provided nursing personnel and attendants.

Funds for another holiday this year have already been allocated and it is hoped to make the event still more enjoyable to a larger number of patients.

One problem which is frequently encountered is concerned with patients whose progress has reached a stage where occupational therapy is no longer needed, but who are, nevertheless, unfit to compete for employment in the field of normal industry. Many employers give sympathetic consideration to this type of case and Remploy finds sheltered employment for a substantial number, but there are many who remain without work or the hope of work. Although Cornwall presents special problems of an industrial and geographical nature it should be possible to help these people by providing them with some form of home industry.

The following table gives details of sales, visits, etc., for the past two years

				1957	1958
Sales	...	...	...	£1,585.4s.0d.	£1,786.2s.2d.
Total visits	...	...	...	4,003	4,416
New cases	...	...	...	76	64
Cases closed	...	...	...	58	68
Patients on Register at the year-end			...	254	250

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

Table I — Classification						Male	Female
A/E—Amputation	...	...	...	...	...	6	1
F—Arthritis and Rheumatism	...	...	...	...	...	26	15
G—Congenital malformations and deformities	...	...	...	...	...	4	9
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 ...						22	16
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	...	...	...	...	...	17	9
V—Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ...						37	43
including:			M	F.			
Epileptics			2	4			
Spastics			6	6			
U/W—Neuroses, psychoses and other nervous and mental disorders not included in V.	...	...	...	...	...	10	5
X—Tuberculosis (respiratory)	...	...	...	...	...	14	5
V—Tuberculosis (non-respiratory)	...	...	...	...	...	1	3
Z—Diseases and injuries not specified above	...	...	...	...	...	3	4
						<hr/> 140 <hr/>	<hr/> 110 <hr/>

Table II — Degree of Handicap

	Male	Female
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 conditions but who are mobile and capable of work in sheltered workshops	17	14
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	116	93
D—Handicapped persons (other than children) who are incapable of or not available for work	—	1
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	7	2
	<hr/> 140 <hr/>	<hr/> 110 <hr/>

Table III — Age Grouping

	Male	Female
Under 16 years	7	2
16 to 30	21	23
31 to 50	47	48
Over 50	65	37
	<hr/> 140 <hr/>	<hr/> 110 <hr/>

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, 1955

Labelling of Food Order, 1953

The Public Health (Preservatives etc. in Food) Regulations

The Food Standards Orders and Regulations

The Milk (Special Designations) (Specified Areas) Orders, 1953 and 1957

The Milk & Dairies (Channel Islands & South Devon Milk) Regulations, 1956

The County Council carries out the functions of the Food and Drugs Authority for the whole of the County.

During the year your Inspectors obtained 3,787 samples of various foods and drugs for examination and analysis for compositional quality and the presence of injurious and deleterious ingredients.

602 samples were submitted for a complete formal analysis by the Public Analyst. The following is a summary of the samples examined during the year.

Article	Number Obtained
Hospital Milk	11
School Milk	301
Milk	2,319
Milk Products	286
Soft Drinks	34
Sugar and Sugar Confectionery	38
Flour and Flour Confectionery	63
Preserves	33
Ground Almonds	12
Honey	8
Cornish Pasties	261
Cooking Fat	24
Vinegar	12
Meat and Fish Products	114
Flavouring and Seasoning	29
Canned Fruit and Dried Vegetables	44
Ice Cream	115
Tea, Coffee, Cocoa	15
Soups and Sauces	18
Spirits and Beers	22
Miscellaneous	28
Total	3,787

Of those submitted for formal analysis by the Public Analyst, the following samples were found to be adulterated, sub-standard or otherwise open to objection:—

Article	Number reported adversely by Public Analyst
Milk	9
Flour and Flour Confectionery	2
Cornish Pasties	2
Vinegar	1
Meat and Fish Products	6
Flavouring and Seasoning	2
Ice Cream	1
Soups and Sauces	2
Total ...	25

Eight prosecutions were taken for offences under the Food and Drugs Acts. Convictions were obtained in seven instances, while one case was dismissed.

301 samples of milk supplied to schools and 11 samples supplied to hospitals were submitted by the County Public Health Officer. As far as quality is concerned these samples did not call for any comment, but this year might well be described as the 'glass and foreign bodies in school milk' year.

In previous years it was the exception rather than the rule to receive any reports at all about school milk. In fact, when a survey was being made on behalf of the County Councils Association a year or two ago, I was only able to report that five complaints had been received during the year. During this year, however, no fewer than 17 reports have been received concerning pieces of glass, glass splinters, drinking straws, foil caps, and in one case a completely foreign body, a cigarette end.

Each complaint is carefully investigated and if thought necessary proceedings instituted. In the case of the cigarette end, the Dairy Company were fined £10.10s.0d. and £4.11s.0d. costs.

In another case against the same dairy concerning glass splinters, the Magistrate decided the prosecution had not proved beyond reasonable doubt that the glass had been in the milk at the time of the sale. This judgement sums up the main difficulty in instituting proceedings for this kind of offence, and in order to succeed one must be able to prove complete continuity and supervision from the moment the milk is delivered by the dairyman. In far too many cases milk bottles are left unprotected and unsupervised either before or after they are on the school premises.

It would appear to me that there is a distinct difference to be drawn between glass found in a bottle of milk which is part of the actual bottle in which the milk is contained and that which is from some other source altogether. No doubt the supervision of children to whom milk is issued each day is a very difficult question, and it is more or less inevitable that with the thousands of bottles that are issued every day some damage to an individual bottle passes unnoticed.

However, the subsequent damage to the child from a glass splinter sucked up through a straw could be so serious that our investigations of each complaint must continue.

An unusual example of a foreign body, a piece of wire, found in a sweet, caused the purchaser to report the matter. The sweet had been placed in the mouth before the wire was detected, and the complainant, who has a little girl three years old, shuddered to think of the consequences if the baby daughter had swallowed the sweet. The firm were prosecuted, and although without previous conviction, a fine of £10.0s.0d. was imposed.

Three offenders were prosecuted for selling milk adulterated with water. The offence of selling milk by retail which is adulterated with water, so prevalent a few years ago, is now practically non-existent.

Only one of the above offenders was a milk retailer and this sample was purchased from a small dairy. For the defence, it was said that the adulteration was not deliberate, but accidental. The Magistrates imposed a fine of £15.0s.0d. and £5.19s.0d. costs.

In the other two cases, milk was intercepted en route to a milk factory. In one case water was found in the three churns being collected and in the other four churns. The first-mentioned offender had to pay a total of £40.3s.0d., and the second £32.15s.0d.

There is little doubt that the more severe penalties imposed by the Magistrates are having a salutary effect on offenders of this kind.

Our campaign against very poor quality Cornish Pasties has met with a certain amount of success and it is to be hoped that pasty manufacturers in the County will see the wisdom of making their commodity something good, if not ideally, then beyond the reproach of the Public Analyst. He has stated that he is of the opinion that a Cornish Pasty, being a meal in itself, containing, as it does, both meat and vegetable, should contain at least 10 per cent of meat on the whole pasty and 20 per cent of meat on the filler. No one expects Cornish Pasties on sale to measure up to the ideal of the home made article, but at least visitors to the County, who buy a Cornish Pasty, should carry away with them a memory of our local dish which is a pleasant one, and not one that they try to forget.

A very high standard of food stuffs manufactured and distributed in the County was maintained, and it is a fitting tribute to my Staff to reproduce a remark of the Public Analyst in one of his reports to the Council.

He said:— " The type of sample taken was varied and covered a wide field and it is most satisfactory to record that . . . standard of purity, at any rate during the past three months, is of a high order. The Chief Inspector and his staff are to be congratulated on their efficiency in keeping adulteration in the County to a minimum ".

Another commodity about which there has been considerable publicity in the last few months is ice-cream. The Food Standard for this article prescribes the minimum fat content of 5 per cent together with the minimum figures for sugar and solids-not-fat. The possibility of a better quality for a commodity sold under a different designation, e.g. cream ices, dairy ice-cream, etc., has for a long time been thought desirable. The Milk Marketing Board, in particular, have been most anxious that these latter descriptions should apply to a better quality article where the only fat used is derived from milk. Under a new Food Standards Order, which comes into force in April, 1959, the same fat standard is retained, the percentage of sugar discontinued but the use of saccharine prohibited, and the higher quality descriptions must only contain milk fat.

During the course of the year proceedings were instituted against a local manufacturer, whose ice-cream only contained 4.5 per cent fat. At first sight this would appear to be a small deficiency, but this same manufacturer was prosecuted for selling ice-cream deficient in fat within the previous twelve months. The Magistrates decided that the offender had to be taught a lesson and must not flout the law, and imposed a fine of £12.12s.0d. including costs.

Written cautions were sent to a number of traders for a wide variety of alleged offences, not regarded in the circumstances as sufficiently serious to justify the institution of proceedings.

SANITARY CIRCUMSTANCES

REPORT OF THE COUNTY PUBLIC HEALTH OFFICER

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

Pasteurising plants and other dairy premises inspected	207
Visits in relation to works of sewage disposal	56
Visits in relation to works of water supply	17
Visits to school premises	284
Visits to school canteens and central kitchens	33
Samples of water submitted for analysis	313
Samples of Pasteurised Milk submitted for examination	194
Samples of Sterilised Milk submitted for examination	20
Samples of School Milk submitted for examination	268

Samples of milk submitted for biological examination	...	...	...	...	4
Samples of School Milk submitted for analysis	...	...	...	...	266
Ministry Inquiries attended	...	...	...	...	6

MILK — SPECIAL DESIGNATION

Pasteurised Milk

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 were in operation at the end of the year in respect of eight premises throughout the County for the pasteurisation of milk; no new licences having been granted during the year. One dairy ceased to pasteurise milk.

One dairy in the County is licensed for the sterilisation of milk.

In these plants, the methods adopted for pasteurising the milk are, five by 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 fifteen seconds and immediately cooled to a temperature of not more than 50° Fah. and three by 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 thirty minutes and immediately cooled to a temperature of not more than 50° Fah.

During the year 207 inspections of these dairies were made and 194 samples of pasteurised milk and 20 samples of sterilised milk taken and submitted for examination with the following results:—

Pasteurised Milk

Satisfactory	...	190
Failed Phosphatase Test	...	0
Failed Methylene Blue Test	...	3
Failed both tests	...	1
		—
Total samples taken	...	194
		—

Sixteen samples of pasteurised milk were also submitted for plate count and coliform tests and 6 bottles were submitted for sterility test.

Check tests of the accuracy or otherwise of the Indicating and Recording Thermometers have been made which have resulted in several thermometers having to be adjusted or replaced.

The 20 samples of sterilised milk submitted for examination all passed the turbidity test.

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 Public Health Inspectors of the districts in which the creameries are situated.

BIOLOGICAL EXAMINATION OF MILK

Quarterly samples of milk have been taken from Bodmin Hospital Farm and submitted for examination for *Brucella Abortus* and for Tuberculosis.

All samples proved to be free of brucella organisms and tuberculosis bacilli.

SPECIFIED AREAS

Under Orders made by the Minister of Agriculture, Fisheries and Food and the Minister of Health acting jointly, the whole of the County of Cornwall, with the exception of the Borough of Launceston, the Urban District of Bude-Stratton and the Rural Districts of Camelford, Launceston and Stratton is a specified area.

This means that all dairymen retailing milk in any part of this area must sell the milk under special designation, irrespective of whether the premises from which the milk is retailed are inside or outside the area.

Any milk which is retailed outside the areas from these same premises must also be sold under special designation. This ensures that all schools within the area, or any school outside the area being supplied by a dairyman supplying schools within the area, must be supplied with milk bearing a special designation such as "Pasteurised", "Tuberculin Tested" or "Sterilised".

SCHOOL CANTEENS AND CENTRAL KITCHENS

Number of School Canteens in the County	...	177
Number of Central Kitchens	...	2
Recognised capacity for meals	...	28,067
Average daily output	...	24,057
Number of schools served	...	342
Meals served on site	...	18,178
Container meals supplied	...	5,879

By arrangement with the Secretary for Education it was decided that all school canteens and central kitchens throughout the County should be

visited by the County Public Health Officers for the purpose of inspecting all food stocks.

These visits commenced during November and by the end of the year 33 visits of inspection had been made and all food stocks examined. These 33 canteens and kitchens supplied an average of 6,833 meals daily to 111 schools.

All food stocks were found to be sound and quite fit for human consumption.

MILK IN SCHOOLS

The 361 schools are supplied with milk by 45 distributors and the number supplied by each distributor varies between one and 93 schools.

Of the 361 schools, 351 or 97.2 per cent are receiving Pasteurised Milk in one-third pint bottles and the remaining 10 schools or 2.8 per cent are receiving Tuberculin Tested Milk of which 6 schools are supplied with one-third pint bottles and 4 schools with bulk milk which has to be served in beakers. Straws are supplied by the distributors. These 4 schools are situated in areas not yet designated as Specified Areas.

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

Grade of Milk		Bottled	Bulk	Total
Pasteurised	...	351	—	351
Tuberculin Tested	...	6	4	10
No. of Schools	...	357	4	361

Regular sampling of the milk supplied to schools has been carried out by the County Public Health Officers for bacteriological examination and during the year 268 samples were taken with the following results:—

Grade of Milk		Satisfactory	Unsatisfactory	Total
Pasteurised	...	254	8	262
Tuberculin Tested	...	6	—	6
All Grades	...	260	8	268

Of the 8 samples of pasteurised milk which were unsatisfactory, 3 failed to pass the Methylene Blue Test and 5 samples were rendered void owing to the atmospheric temperature exceeding 65° Fah.

During the year 266 samples of school milk were taken by the County Public Health Officers and passed to the Chief Inspector of Food and Drugs for analysis. All these samples were found to be genuine except one which was slightly deficient in fat.

WATER SUPPLIES IN SCHOOLS

The regular sampling of water supplies to schools has continued throughout the year by the County Public Health Officers and both mains supplies and local wells and shutes have been given attention.

Samples were taken from 278 schools with the following results —

Source of Supply	Satisfactory	Unsatisfactory	Total
Mains Supplies ...	226	13	239
Wells, Shutes, etc. ...	48	9	57
	274	22	296

The Education Department is kept acquainted with schemes of water supply carried out by the local authorities and water undertakings, with a view to schools being connected to mains supplies when these are available and where practicable.

The following works or precautions have been carried out during the year:—

Connected to mains	...	...	...	10
Proposed to be connected to mains	...	...	...	10
Mains extended to washbasins, etc.	...	...	...	13
Alternative sources of supply being sought	...	...	...	4
Wells repaired structurally	...	...	...	1
Pumps replaced	...	...	...	1
Pumps repaired	...	...	...	6
Collecting chambers cleaned	...	...	...	17
Defective drains made good	...	...	...	6

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.

The Food Standards (Ice Cream) Order, 1953, prescribed 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 114 samples have been taken during the year of which 113 were genuine and 1 was unsatisfactory. Legal proceedings were taken and the vendor was fined £10 and £2.12s.0d. costs.

Most of the Ice Cream now being sold in the county districts is prepacked by the larger manufacturers and the numbers of local manufacturers thereby reduced. Regular routine samples have been taken by the local authorities' officers and submitted for examination.

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:—

Camelford Rural District

First stage of Comprehensive Scheme of Sewerage and Sewage Disposal for the villages of Trevia, Tregoodwell and the township of Camelford.

East Cornwall Joint Water Board

Public Inquiry into the proposal of the Minister of Housing and Local Government to make an Order under Section 9(2) of the Water Act, 1945, constituting a Joint Water Board of the following authorities:—

Boroughs of Launceston, Liskeard and Saltash
Urban District Councils of Looe and Torpoint
Rural District Councils of Launceston, Liskeard and St. Germans

Kerrier Rural District

Informal Inquiry into the progress of the Breage and District Water Scheme of the Helston and Porthleven Water Company.

Launceston Rural District

Informal Inquiry into the progress of the Central Area Water Scheme.

St. Austell Rural District

Informal Inquiry into the progress of the Sewerage Scheme for Trewoon and Polgooth.

St. Just Urban District

Informal Inquiry into the proposed scheme of sewerage and sewage disposal for St. Just and Tregeseal areas.

RIVERS POLLUTION PREVENTION

The responsibility of the County Council for the administration of the above Act 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 Public Health Officer and the Assistant County Public Health Officer to the River Board for such proportion of their time as may, in practice, be found 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 during the year ended 31st December, 1958:—

Visits to works of sewage disposal	...	110
Visits to industrial plants	...	117
Inspections of outfalls to rivers	...	36
Samples of sewage effluent submitted for examination		84
Samples of river water and trade wastes submitted for examination	....	157
Plans of proposed works reported upon	...	20
Ministry of Housing and Local Government		
Inquiries attended	...	10

WATER SUPPLIES

Steady progress was maintained during the year in the improvement of water supplies by the respective water undertakers in the County.

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 123 schemes of water supplies submitted by local authorities and other water undertakings for the County and Council's observations, the total estimated cost of these being £5,272,124 and 97 schemes, estimated to cost £3,082,395, had been completed or the works were substantially in progress at the end of the year.

Schemes of water supply submitted and approved during the year:—

Local Authority	Scheme	Estimated Cost £
Camelford R.D.	Boscastle Extension	... 1,470
Kerrier R.D.	Manaccan Extension	... 130
" "	Mullion Extension	... 1,000
Launceston R.D.	Lewannick	... 9,600
St. Germans R.D.	Rame and Forder new main	... 3,150
" "	Downderry	... 5,010
Stratton R.D.	Shop and Woodford	... 4,800
" "	St. Gennys	... 4,270
Truro R.D.	St. Anthony	... 9,181
	Total estimated cost	... £38,611

The following schemes were completed during the year or the works were in hand at the end of 1958:—

Local Authority	Scheme	Estimated Cost £
Kerrier R.D.C.	Breage, Ashton, etc. ...	130,000
" "	Stithians—Roskrow Reservoir, etc. ...	123,000
" "	Manaccan—Extension ...	130
Launceston R.D.C.	Central Area Scheme ...	48,410
Liskeard R.D.C.	Warleggan and Mount ...	10,450
Liskeard & District Water Board	Regional Scheme ...	656,380
St. Austell R.D.C.	St. Mawgan and St. Columb ...	20,000
Stratton R.D.C.	Whitstone ...	17,650
Truro R.D.C.	Perranzabuloe (Augmentation) ...	26,220
West Penwith R.D.C.	Hayle—Stage I ...	13,500
Total estimated cost		£1,045,740

Following the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, a comprehensive survey of the water supplies in the County was carried out as a result of which a scheme to take water from the De Lank River on Bodmin Moor was considered to be the most favourable scheme for supplying water to a large part of the County.

In 1954, however, it was decided to abandon this scheme, owing to the cost thereof in favour of the following schemes —

- (a) The Stithians Impounding Scheme within the Kerrier Rural District
- (b) The Fowey River Intake Scheme
- (c) The Porth River (Newquay) Impounding Scheme

These three schemes together with the Drift Scheme of the Penzance Corporation are to supplement the supplies to the whole of central and west Cornwall.

The position regarding these four major schemes at the end of 1958 was as follows —

The Stithians Impounding Scheme—The Order and Scheme is to be submitted to the Ministry in the early part of 1959. The total estimated cost as now approved is £745,400 of which the Kerrier Rural District Council's share is estimated at £267,000.

As a temporary measure the Stithians Distribution (first instalment) Scheme was submitted which provided for the following —

- (a) The construction of a concrete water storage reservoir of one million gallons capacity at Roskrow in the parish of St. Gluvias.

- (b) The construction of a break pressure tank at Towntanna in the parish of St. Gluvias.
- (c) The construction of a booster station at Kernick in the parish of Penryn, together with the laying of the necessary mains and ancillary works to afford a temporary piped supply of water by the purchase of water in bulk from the Falmouth Corporation in the parishes of Mabe, St. Gluvias and Stithians.

At the end of 1958 the reservoir in Roskrow Wood was 90 per cent complete and 60 per cent of the pipe laying had been completed.

The Fowey River Intake Scheme — In this scheme four local authorities are co-operating — The Borough of Fowey and Lostwithiel, the Urban District of St. Austell and the Rural District of St. Austell.

The scheme, estimated to cost £501,000, provides for taking 2½ million gallons of water per day from the Fowey River by means of an intake at a point about 1,200 yards downstream from Respryn Bridge, Lostwithiel, and to pump the water to Chark Hill service reservoir from which it will gravitate to supplement the supplies to the four districts.

Tenders have been invited and accepted for the pumping plant and treatment works and tenders are being considered for the constructional works associated with the intake, treatment plant and Chark Hill service reservoir.

It is expected that actual construction works will commence during the summer of 1959 and be followed fairly soon by contracts for the laying of trunk and distributions mains throughout the area of the scheme.

The Porth River Impounding Scheme—This scheme of the Newquay Water Company provides for—

- (a) the construction of a dam and impounding reservoir on the Porth River at Newquay,
- (b) the enlarging of the present pumping station at Rialton, and
- (c) the covering of the existing 3,000,000 gallons reservoir.

The total cost of these works is estimated at £250,000, work commenced in June 1958 and it is hoped it will be completed in 1961.

Drift Scheme—The Penzance Corporation Water Order 1957 authorises Penzance Corporation to construct the Lower Drift reservoir. This reservoir will serve the Urban District of St. Just and the Rural District of West Penwith in addition to the Penzance Borough.

The site investigations for the Lower Drift dam were completed in the summer of 1958 and the information obtained from these investigations was a guide to the quality of the rock likely to be encountered in the foundations, and permitted the engineers to complete the contract drawings and documents.

Tenders were invited in December 1958 and it is anticipated that construction of the dam will start in March 1959 with completion by the summer of 1961.

South East Cornwall—A Public Inquiry by the Ministry of Housing and Local Government was held at Liskeard on the 10th December 1958 respecting the Draft Order of the East Cornwall Water Board Order, 1958. The proposed Board would supersede the two existing bulk supply Boards—The South East Cornwall Joint Board and the Liskeard and District Joint Board, and take over the various distribution undertakings as follows:—

Launceston Borough Council
 Launceston Rural District Council
 Liskeard Borough Council
 Liskeard Rural District Council
 Looe Urban District Council
 St. Germans Rural District Council
 Saltash Borough Council
 Torpoint Urban District Council
 Kelly Bray and District Water Co. (1954) Ltd.
 Liskeard and District Water Board
 South East Cornwall Water Board

In the meantime the comprehensive scheme of the Liskeard and District Water Board, estimated to cost £656,380, is progressing and the Launceston Rural District Council is proceeding with minor water schemes which will later link up with the major scheme for the eastern part of the County.

The following grants in respect of water supplies have been approved by the County Council —

	£
Lump sum grants ...	4,700
Per annum for 35 years ...	1,794
Per annum for 30 years ...	39,462
Per annum for 12 years ...	2,045

The above figures of County Council grants do not include the following tentative grants offered in aid of the Fowey River Joint Water Scheme —

	£
Fowey Borough Council ...	9,333
Lostwithiel Borough ...	750
St Austell Urban District Council ...	25,000
St. Austell Rural District Council ...	55,000

which, if the scheme is completed, will be paid by annuities.

SEWERAGE AND SEWAGE DISPOSAL

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 108 schemes of sewerage and sewage disposal submitted by the local authorities for the County Council's observa-

tions, the total estimated cost of these being £2,085,003 of which 55 schemes, estimated to cost £1,046,753 had been completed or were in progress at the end of December 1958.

The following schemes have been submitted and approved during the year —

Local Authority	Scheme	Estimated Cost £
Kerrier R.D.	Mabe—Extension to Housing site	1,000
" "	St. Keverne ...	35,000
St. Austell R.D.	Grampound—New Treatment Works ...	12,414
Truro R.D.	Chacewater ...	19,863
" "	Portloe—Sewerage and sea-outfall ...	14,779
Wadebridge R.D.	St. Merryn—Sewerage and sea-outfall ...	104,000
Total estimated cost		<u>£187,056</u>

Schemes of sewerage and sewage disposal completed during the year or substantially in hand at the end of the year:—

Local Authority	Scheme	Estimated Cost £
Kerrier R.D.	Mabe ...	22,400
Launceston R.D.	Altarnun and Five Lanes ...	20,000
St. Austell R.D.	Trewoon—Polgooth ...	30,670
St. Germans R.D.	Callington ...	29,600
Truro R.D.	Gerrans and Portscatho ...	10,588
" "	Kea—Playing Place ...	14,029
" "	Grampound Road ...	3,141
Total estimated cost		<u>£131,428</u>

The following grants in respect of schemes of sewerage and sewage disposal have been approved by the County Council —

	£
Lump sum grants ...	3,050
Per annum for 30 years ...	10,275

The Newquay Urban District Council is proceeding with a scheme for the resewering of a large part of the urban district and the provision of new sea outfalls. This scheme, estimated to cost £266,150 does not rank for grant.

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, 1958, and the progress made with such schemes.

GRANTS TOWARDS SCHEMES APPROVED									
	SCHEMES SUBMITTED	GRANT REFUSED BY MINISTRY	BY MINISTRY			BY COUNTY COUNCIL			
			Lump Sum Grants	P.A. for 12 years	P.A. for 30 years	Lump Sum Grants	P.A. for 35 years	P.A. for 30 years	P.A. for 12 years and less
			Amount £	Amount £	Amount £	Amount £	Amount £	Amount £	Amount £
Water	No. 123	Est. Cost £ 5,272,124	283,118	1,818	28,424	4,700†	1,794	39,462	2,045
Sewerage	No. 108	Est. Cost £ 2,085,003	75,200	—	8,724	3,050	—	10,275	—
Totals	No. 231	Est. Cost £ 7,357,127	358,318	1,818	37,148	7,750	1,794	49,737	2,045

† Plus £4,176 towards the sinking of Trial Holes.

Of the 123 schemes of water supply submitted at a total cost of £5,272,124, 97 schemes, estimated to cost £3,082,395 had been completed or were in progress at the end of December 1958.

Of the 108 schemes of sewerage and sewage disposal submitted at a total cost of £2,085,003, 55 schemes estimated to cost £1,046,753 had been completed or were in progress at the end of December 1958.

In a number of cases where the Ministry have paid part of a lump sum Grant, local authorities have been informed that the remainder will be paid by annual or half-yearly instalments and all future grants exceeding £2,000 will be paid by instalments.

The above figures of County Council grants do not include the following tentative grants offered in aid of the Fowey River Joint Water Scheme:—

Fowey Borough	£9,333	Lostwithiel Borough	£750
St. Austell U.D.C.	£25,000	St. Austell R.D.C.	£55,000

which, if the scheme is completed will be paid by annuities.

HOUSING ACT, 1936-1957

ACTION BY LOCAL AUTHORITIES

Section 116 of the Housing Act, 1957, states:—

“It shall be the duty of the council of every county, as respects each rural district within the county, to have constant regard to housing conditions in the district, to the extent to which overcrowding or other unsatisfactory conditions exist and the sufficiency of the steps which the council of the district have taken, or are proposing to take, to remedy those conditions and to provide further housing accommodation.”

“The council of every rural district shall at such intervals, not being in any case less than one year, as the county council may direct, furnish to that council such information with regard to the matters mentioned in the foregoing subsection as the county council may reasonably require for the purposes of enabling them to carry out their duties thereunder.”

In the Annual Report for the year ending 31st December 1956, two tables were included giving a comprehensive and detailed statement of the housing conditions in all the boroughs, urban and rural districts throughout the County following surveys carried out by each of the local authorities.

These reports showed there to be very little overcrowding in the County, only one rural district indicating that any houses were required to relieve overcrowding and in this particular district only two houses were required for this purpose. It has, therefore, been deemed unnecessary to include in this report any further details with regard to overcrowding.

The two tabulated statements which follow give details of the housing situation and steps taken to remedy the unsatisfactory conditions which exist in the respective districts. The statement also shows the action taken under the Housing Acts, 1949-1954, by the rural district councils in respect of Improvement Grants and gives the number of applications received, how these were dealt with, the amount of the total approved expenditure and the amount of grants made by rural authorities.

HOUSING ACTS, 1936—1957

Rural District	...	...	...	...	...	GAMELTFORD	KERRIER	LAUNCESTON	LISKEARD	ST. AUSTELL	ST. GERMANS	STRATTON	TRURO	WADEBRIDGE	WEST PENWITH
1. Inspections of dwelling-houses during the year															
(a) The total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	317	320	85	197	219	136	520	80	38	251
(b) Number of inspections made for the purpose	...	...	...	...	...	420	646	162	831	240	394	520	107	52	529
Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	...	5	60	nil	20	12	42	28	18	nil	101
Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...	30	240	53	135	57	61	162	62	21	133
2. Remedy of defects during the year without service of Formal Notices.															
Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers	...	...	...	...	...	24	108	44	85	43	80	121	46	5	71
3. Action under Statutory Powers during the year:															
(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—															
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	...	nil	nil	nil	7	3	1	nil	nil	nil	nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—															
(a) By owners	...	...	...	...	...	nil	nil	nil	6	3	1	nil	1	nil	8
(b) By local authority in default of owners	...	...	...	...	...	nil	1	nil	1	nil	nil	nil	nil	nil	nil

Rural District	...	...	...	...	...	CAMELFORD	KERRIER	LAUNCESTON	LISKEARD	ST. AUSTELL	ST. GERMAN'S	STRATTON	TRURO	WADEBRIDGE	WEST PENWITH
(b) Proceedings under Public Health Acts :—															
(1) Number of dwelling-houses in respect of which notices were served requiring repair	...	...	...	...	...	nil	1	7	3	7	nil	nil	12	nil	nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	...	...	...	...	...	nil	5	7	3	7	nil	1	3	nil	nil
(a) By owners	...	...	...	...	...	nil	6	nil	nil	nil	nil	nil	nil	nil	nil
(b) By local authority in default of owners	...	...	...	...	...	nil	...	...	...	...	...	...	...	...	...
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—															
(1) Number of dwelling-houses in respect of which Demolition Orders were made	...	...	...	...	...	nil	7	nil	nil	10	19	1	6	nil	3
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...	...	...	...	nil	2	nil	1	1	15	1	2	nil	1
(3) Number of dwelling-houses in respect of which Closing Orders were made	...	...	...	...	...	nil	2	nil	nil	9	5	1	3	nil	36
(4) Number of dwelling-houses in respect of which Undertakings were accepted	...	...	...	...	...	nil	2	nil	18	9	6	14	10	nil	13
(d) Proceedings taken under Sections 25 and 26 of the Housing Act, 1936 :—	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(1) Number of dwelling-houses included in Clearance Orders	...	...	...	...	...	nil	20	nil	nil	nil	nil	nil	nil	nil	6
(2) Number of dwelling-houses included in Clearance Orders confirmed by Minister	...	...	...	...	...	nil	nil	nil	nil	nil	nil	nil	nil	nil	6
(3) Number of dwelling-houses included in Clearance Orders and demolished	...	...	...	...	...	nil	nil	nil	6	nil	nil	nil	2	nil	nil
HOUSING ACTS 1949—1954															
Improvement Grants	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Number of applications received—Dwellings	...	...	...	...	...	10	60	7	14	11	6	9	83	5	55
Number of applications refused—Dwellings	...	...	...	...	...	2	nil	nil	nil	1	nil	1	8	2	nil
Number of applications in respect of which works were completed during the year—Dwellings	...	...	...	...	...	5	56	11	26	19	6	5	44	1	54
Total approved expenditure	...	...	...	...	...	£5,624	33,855	7,000	10,647	8,480	3,368	7,609	43,470	1,632	27,242
Total amount of grants made	...	...	...	...	...	£1,455	14,430	2,786	6,998	3,065	1,454	2,105	16,180	942	13,621

ARE
IN
ACRE

1

3.31
4.25

22.06

1.88

2.97

4.01

2.18

2.70

1.60

3.15

4.58

3.34

82

3.15

18.37

4.28

7.63

5.33

97

2.63

99.44

52.54

90.85

73.05

104.86

82.38

48.43

56.28

108.31

88.28

59.75

764.68

864.12

4.04

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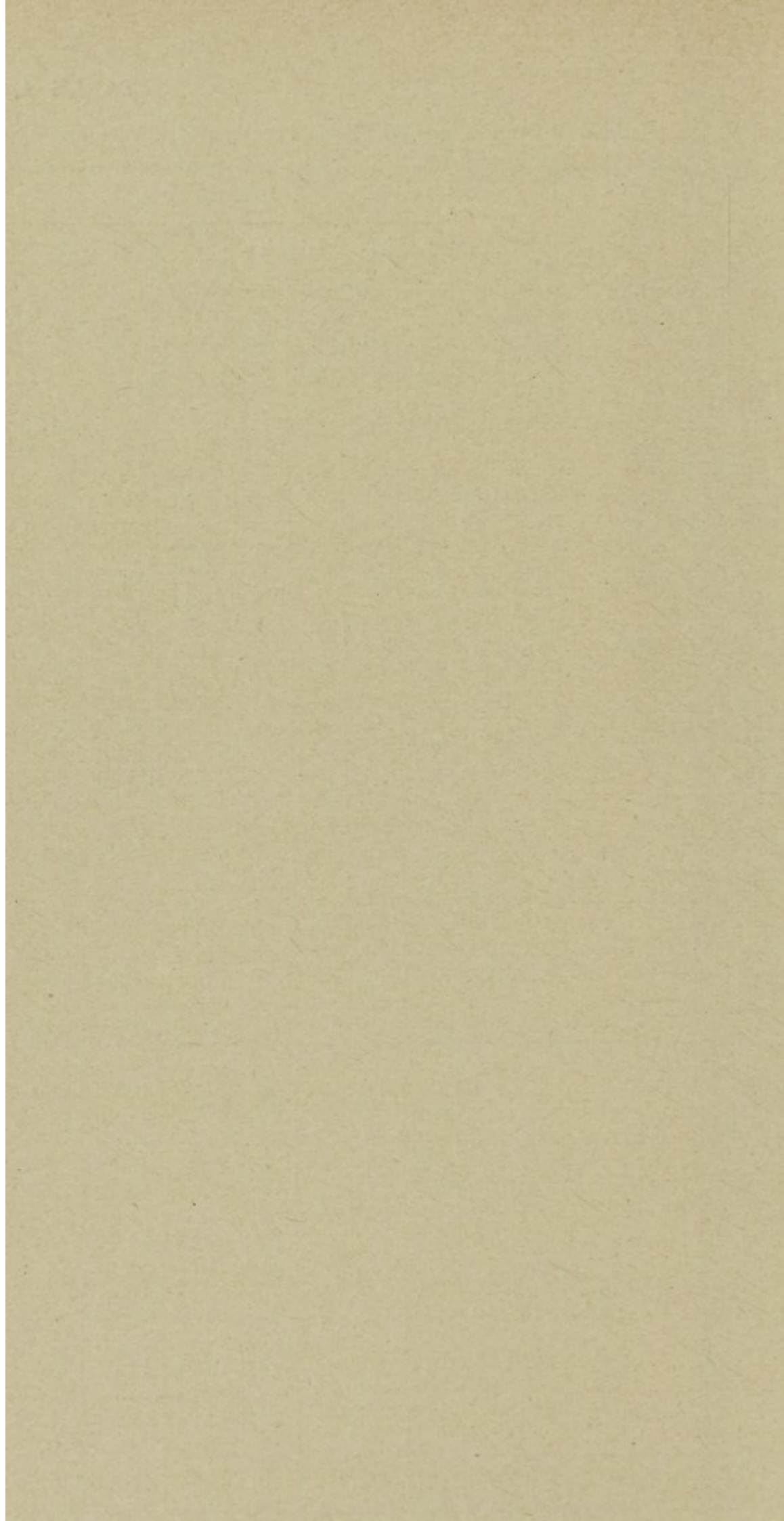
TABLE 1.

Estimated Population and Total Number of Births and Deaths in each County District during the year 1958.

AREA IN ACRES.	COUNTY DISTRICT	ESTI- MATED HOME POPU- LATION 1958	LIVE BIRTHS.							Stillbirths.	DEATHS.								
			Legiti- mate		Illegiti- mate		Total.	Rate.	District Comparability Factor		Under 1 Year.				At all Ages.				
			Males	Females	Males	Females					Males	Females	Total.	Rate per 1,000 live births	Males	Females	Total	Rate.	District Compara- bility Factor
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
URBAN.																			
3,312	Bodmin	6,070	29	30	1	..	60	9.88	1.37	2	1	1	2	33.33	68	86	154	25.37	0.28
4,294	Bude-Stratton Camborne—	5,190	27	20	5	2	54	12.58	1.11	1	..	..	..	..	45	56	101	23.52	0.73
22,062	Redruth	35,120	277	232	17	7	533	15.18	1.00	21	12	1	13	24.39	229	283	512	14.58	0.90
1,880	Falmouth	16,570	108	120	7	8	243	14.67	1.08	3	2	1	3	12.35	108	116	224	13.52	0.88
2,979	Fowey	2,290	15	10	..	1	26	11.35	1.06	1	1	..	1	38.46	20	16	36	15.72	0.86
4,014	Helston	6,590	94	89	1	2	186	28.22	0.92	3	1	..	1	5.38	50	49	99	15.02	0.63
2,182	Launceston	4,670	31	24	..	..	55	11.78	1.06	..	..	..	..	..	28	40	68	14.56	0.59
2,704	Liskeard	4,320	25	32	2	..	59	13.66	1.10	2	1	1	2	33.90	51	56	107	24.77	0.41
1,691	Looe	3,770	13	17	..	..	30	7.96	1.15	1	..	1	1	33.33	20	24	44	11.67	0.77
3,156	Lostwithiel	1,970	13	13	2	1	29	14.72	1.08	1	1	1	2	68.97	16	13	29	14.72	0.71
4,599	Newquay	10,140	73	67	8	4	152	14.99	1.04	1	2	..	2	13.16	54	57	111	10.95	0.75
3,343	Padstow	2,910	24	25	1	1	51	17.53	0.97	..	1	1	2	39.22	22	19	41	14.09	0.84
829	Penryn	4,330	34	36	2	..	72	16.63	0.95	6	3	..	3	41.10	29	20	49	9.44	1.14
3,155	Penzance	19,570	139	99	4	11	253	12.93	1.08	8	2	1	3	11.86	154	132	286	14.61	0.85
18,379	St. Austell	23,520	180	138	5	6	329	13.99	1.09	10	2	4	6	18.24	171	147	318	13.52	0.84
4,287	St. Ives	8,460	52	60	2	1	115	13.59	1.07	1	2	1	3	26.09	67	72	139	16.43	0.75
7,634	St. Just	4,010	19	28	..	2	49	12.22	1.13	1	1	..	1	20.41	23	37	60	14.96	0.86
5,335	Saltash	7,430	60	46	3	..	109	14.67	1.03	4	..	2	2	18.35	43	58	101	13.59	0.84
975	Torpoint	6,150	45	26	2	..	73	11.87	1.25	2	1	..	1	13.70	28	29	57	9.27	1.52
2,634	Truro City	13,520	93	72	1	4	170	12.57	0.99	5	2	1	3	17.65	79	91	170	12.57	0.90
99,444	TOTALS	186,600	1351	1184	63	50	2,648	14.19	1.06	73	35	16	51	19.26	1,305	1,401	2,706	14.50	0.80
RURAL.																			
52,544	Camelford	7,220	55	44	4	2	105	14.54	1.13	..	4	3	7	57.14	52	53	105	14.54	0.90
90,839	Kerrier	21,980	174	149	8	5	336	15.29	1.06	8	5	3	8	23.81	129	121	250	11.37	0.99
73,051	Launceston	6,410	40	43	1	2	86	13.42	1.12	3	1	..	1	11.63	36	42	78	12.17	0.87
104,803	Liskeard	13,870	87	96	4	6	193	13.91	1.13	5	4	1	5	25.91	94	71	165	11.90	0.86
82,389	St. Austell	21,610	138	137	6	3	284	13.14	1.05	9	2	3	5	17.61	135	114	249	11.52	0.99
48,433	St. Germans	15,690	102	93	7	4	206	13.13	1.17	6	4	..	4	19.42	109	101	210	13.38	0.96
56,285	Stratton	5,230	33	41	1	2	77	14.72	1.30	..	..	1	1	12.99	27	32	59	11.28	1.08
108,316	Truro	26,590	192	167	8	10	377	14.18	1.12	11	4	1	5	13.26	205	178	383	14.40	0.80
88,230	Wadebridge	14,930	132	108	2	3	245	16.41	1.07	9	3	2	5	20.41	84	80	164	10.98	0.97
59,792	West Penwith	17,250	121	115	3	9	248	14.32	1.05	5	..	2	2	8.06	136	125	261	15.13	0.88
764,682	TOTALS	150,780	1074	993	44	46	2,157	14.31	1.11	56	27	16	43	19.93	1,007	917	1,924	12.77	0.91
864,126	Whole County	337,380	2425	2177	107	96	4,805	14.24	1.08	129	62	32	94	19.56	2,312	2,318	4,630	13.73	0.85
4,041	Scilly Isles	1,820	10	11	..	..	21	11.54	0.94	..	..	..	..	..	11	12	23	12.64	1.09

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 Cornwall (Excluding the Isles of Scilly) 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				Rate per 1,000 live Births	Males	Females	Total				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1900	320,420	3957	3842	*	*	7799	24.3	†	*	*	985	126.3	2498	2773	5271	16.5
1910	320,613	3434	3288	*	*	6722	21.0	†	*	*	575	85.5	2298	2308	4606	14.4
1920	(a) 317,970 (b) 318,713	3403	3210	190	158	6991	22.0	†	249	167	416	59.5	1978	2215	4193	13.2
1930	(a) 313,028 (b) 312,807	2280	2096	123	123	4622	14.8	225	137	100	237	51.3	1985	2284	4269	13.7
1940	329,138	2127	1945	100	96	4268	13.0	163	116	90	206	48.3	2357	2567	4924	15.0
1941	371,382	(a) 2215 (c) 2456	2125	161	132	4633	12.5	183	159	108	267	52.5	2465	2721	5186	14.0
1942	344,944	2402	2339	160	134	5098	14.2	192	135	93	228	46.5	2127	2301	4428	12.8
1943	327,163	2386	2243	186	157	4972	15.2	164	106	72	178	35.8	2201	2388	4589	14.0
1944	322,513	2621	2591	294	260	5766	17.9	180	132	99	231	40.1	2197	2359	4556	14.0
1945	313,559	2233	2182	323	271	5009	16.0	178	101	84	185	37.0	2214	2367	4581	14.6
1946	318,139	2738	2569	224	198	5729	18.0	156	136	87	223	39.0	2168	2387	4555	14.3
1947	324,185	2899	2746	206	163	6014	18.6	177	136	77	213	34.9	2286	2449	4735	14.6
1948	329,828	2601	2465	172	137	5375	16.3	136	117	69	186	34.6	2095	2169	4264	12.9
1949	(d) 330,247 (e) 339,077	2434	2374	142	147	5097	15.4	130	99	65	164	32.2	2242	2416	4658	14.1
1950	(e) 339,999	2333	2236	124	126	4819	14.2	125	79	66	145	29.2	2254	2418	4672	13.8
1951	(e) 339,800	2306	2321	129	109	4865	14.3	114	98	65	163	33.0	2370	2493	4863	14.3
1952	(e) 340,861	2379	2282	116	100	4877	14.3	115	84	65	149	30.6	2105	2271	4376	12.8
1953	(e) 341,463	2306	2218	94	134	4752	14.0	118	77	51	128	27.0	2193	2322	4515	13.2
1954	(e) 341,350	2420	2198	100	101	4819	14.1	158	67	33	100	20.8	2308	2209	4517	13.2
1955	(e) 339,760	2108	2108	113	89	4418	13.0	129	76	42	118	26.7	2304	2370	4674	13.8
1956	(e) 338,760	2298	2231	115	107	4751	14.0	132	55	55	110	23.2	2292	2337	4629	13.7
1957	(e) 338,770	2350	2225	94	100	4769	14.1	149	66	52	118	24.7	2217	2287	4504	13.3
1958	(e) 337,380	2425	2177	107	96	4805	14.2	129	62	32	94	19.6	2312	2318	4630	13.7

* not distinguished

† not available

(a) for birth rate

(b) for death rate

(c) total population

(c) for infant and maternal mortality rates

(d) civilian population for birth and death rates

(e) including non-civilians stationed in the County

TABLE III.

Infectious Diseases notified in each District during the year 1958.

COUNTY 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 ...	2	6	-	30	1	-	-	-	7	-	-	-	-	-
Bude-Stratton ...	-	1	-	2	-	-	-	-	-	-	-	-	-	-
Camborne-Redruth ...	6	10	-	789	58	-	3	-	1	85	-	6	4	-
Falmouth ...	6	15	-	398	9	-	-	-	-	3	-	-	-	-
Fowey ...	-	-	-	3	1	-	-	-	-	-	-	-	-	-
Helston ...	2	2	-	202	-	-	-	-	-	-	-	-	-	-
Launceston ...	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Liskeard ...	-	2	-	3	2	-	-	-	-	1	-	-	-	-
Looe ...	-	29	-	41	8	-	2	-	-	-	-	6	-	-
Lostwithiel ...	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Newquay ...	-	1	-	5	-	-	-	-	-	-	-	-	-	-
Padstow ...	2	-	-	2	-	-	-	-	-	-	-	-	-	-
Penryn ...	2	3	-	38	-	-	-	-	-	-	-	-	-	-
Penzance ...	-	-	-	3	-	-	2	-	-	7	-	-	-	-
St. Austell ...	-	2	-	99	4	-	1	-	-	-	-	15	-	1
St. Ives ...	7	-	-	5	-	-	-	-	22	-	-	5	-	-
St. Just ...	-	-	-	37	-	-	-	-	-	-	-	-	-	-
Saltash ...	2	15	-	12	15	-	-	-	-	1	-	-	8	-
Torpoint ...	-	-	1	2	2	-	-	-	-	-	-	-	1	-
Truro City ...	-	1	-	106	2	-	-	-	-	-	-	-	-	-
TOTALS ...	30	88	1	1777	102	-	8	-	30	97	-	32	14	1
RURAL														
Camelford ...	-	1	-	5	-	-	1	-	-	-	-	-	-	-
Kerrier ...	6	7	-	395	2	-	1	1	-	2	-	-	1	-
Launceston ...	-	9	-	1	-	-	-	-	-	-	-	-	1	-
Liskeard ...	-	22	-	21	2	-	3	2	-	-	-	-	-	-
St. Austell ...	1	2	-	15	2	-	-	-	-	-	1	-	2	-
St. Germans ...	22	3	-	34	7	1	-	-	1	2	-	-	2	-
Stratton ...	1	8	-	5	-	-	-	-	-	-	-	-	-	-
Truro ...	-	1	-	268	20	-	1	1	-	2	-	-	3	-
Wadebridge ...	2	-	-	19	1	-	-	-	-	1	-	7	-	-
West Penwith ...	5	1	-	53	13	-	-	-	6	2	-	1	2	-
TOTALS ...	38	54	-	816	47	1	6	4	7	9	1	8	11	-
Whole County ...	68	142	1	2593	149	1	14	4	37	106	1	40	25	1

Malaria ... 1
 Ophthalmia Neonatorum ... 2
 Typhoid ... 2

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

Infectious Disease	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Scarlet Fever ...	214	263	311	284	236	162	124	90	83	68
Whooping Cough ...	641	729	1485	421	1211	1294	279	351	1234	142
Diphtheria ...	3	16	10	11	8	—	1	—	3	1
Measles ...	3569	668	5813	1041	6391	551	2255	5216	2846	2593
Pneumonia ...	208	221	264	157	184	203	222	175	189	149
Cerebro-spinal Fever ...	2	8†	5†	7†	2†	7†	11†	3†	3†	1†
Acute Poliomyelitis	105	98†	36†	21†	30†	10†	35†	8†	24†	14†
Acute Polio-Encephalitis ...	5									
Acute Encephalitis Lethargica ...	—	1†	3†	5†	5†	2†	5†	4†	1†	4†
Dysentery ...	38	27	82	20	19	102	21	6	7	37
Ophthalmia Neonatorum ...	4	2	—	3	3	1	—	2	1	2
Puerperal Pyrexia	71	58	58	124‡	127‡	143‡	135‡	156‡	146‡	106‡
Smallpox ...	4	—	—	—	—	—	—	—	—	—
Paratyphoid Fevers ...	1	—	1	4	2	—	1	1	1	1
Typhoid Fever (excluding Paratyphoid) ...	—	2	—	—	—	—	—	—	1	2
Food Poisoning ...	27	87	36	68	44	44	63	63	35	40
Erysipelas ...	52	54	35	27	24	26	33	37	19	25
Malaria ...	—	—	2	2	2	1	—	1	—	1
Acute Rheumatism§ ...	—	3	12	5	4	8	—	4	3	1
TOTALS	4944	2237	8153	2200	8292	2554	3185	6117	4596	3187

†—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, 1958.

All Ages	0—		1—		5—		15—		25—		45—		65—		75—		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	35	—	—	—	—	—	—	—	5	4	14	—	7	1	2	2	28	7
2. Tuberculosis, other	8	—	—	—	2	—	—	—	1	1	1	3	—	—	—	—	4	4
3. Syphilitic disease	5	—	—	—	—	—	—	—	1	—	1	1	2	—	—	—	4	1
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
7. Acute Poliomyelitis	3	—	—	1	1	—	—	—	—	1	—	—	—	—	—	—	1	2
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	12	—	—	—	1	—	—	—	1	2	2	1	2	1	2	—	8	4
10. Malignant neoplasm: stomach	122	—	—	—	—	—	—	—	—	5	17	19	21	20	21	19	59	63
11. do. lung, bronchus	96	—	—	—	—	—	—	—	4	3	46	11	18	3	6	5	74	22
12. do. breast	84	—	—	—	—	—	—	—	—	5	—	31	1	26	1	20	2	82
13. do. uterus	43	—	—	—	—	—	—	—	—	4	—	24	—	10	—	5	—	43
14. Other malignant lymphatic neoplasms	469	—	—	—	3	3	2	2	7	16	57	76	75	63	86	77	230	239
15. Leukaemia, aleukaemia	18	—	—	—	—	—	—	—	2	1	4	—	4	1	2	4	12	6
16. Diabetes	47	—	—	—	—	—	—	—	—	—	6	9	7	7	5	13	18	29
17. Vascular lesions of nervous system	652	—	—	—	—	—	—	—	2	5	38	52	86	110	143	216	269	383
18. Coronary disease, Angina	665	—	—	—	—	—	—	—	5	—	128	48	152	87	138	107	423	242
19. Hypertension with heart disease	117	—	—	—	—	—	—	—	—	—	10	6	20	22	23	36	53	64
20. Other heart disease	967	—	—	—	—	—	—	—	7	2	39	28	111	85	263	432	420	547
21. Other circulatory disease	181	—	—	—	—	—	—	—	3	2	17	10	15	18	44	72	79	102
22. Influenza	18	—	—	—	—	—	—	—	1	—	3	2	2	1	4	5	10	8
23. Pneumonia	145	10	2	3	1	—	—	1	1	—	23	8	15	11	31	34	83	62

24. Bronchitis	103	1	—	1	—	—	—	—	—	2	—	24	6	27	2	22	18	77	26
25. Other diseases of respiratory system	60	1	—	—	—	—	—	—	—	—	1	15	5	18	2	12	6	46	14
26. Ulcer of stomach and duodenum	27	—	—	—	—	—	—	—	—	3	—	4	3	7	—	9	1	23	4
27. Gastritis, enteritis and diarrhoea	17	—	1	—	—	—	—	—	—	2	—	1	3	—	4	2	3	5	12
28. Nephritis and nephrosis	51	1	—	—	—	—	—	—	—	4	1	13	4	8	2	10	6	37	14
29. Hyperplasia of prostate	43	—	—	—	—	—	—	—	—	—	—	2	—	8	—	33	—	43	—
30. Pregnancy, childbirth, abortion	4	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	4
31. Congenital malformations	33	15	6	2	2	—	—	—	—	1	1	2	2	1	—	—	—	22	11
32. Other defined and ill defined diseases	433	33	17	2	1	1	3	—	—	1	5	31	34	34	39	85	144	188	245
33. Motor vehicle accidents	37	—	—	—	—	—	—	—	—	9	5	4	—	1	3	2	2	25	12
34. All other accidents	104	—	1	1	1	5	1	—	—	10	3	13	8	6	7	6	36	45	59
35. Suicide	52	—	—	—	—	—	—	—	—	5	2	19	11	6	3	3	1	33	19
36. Homicide and operations of war	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
	*4653	62	32	8	9	17	8	15	12	77	72	535	405	654	528	955	1264	2323	2330

*including 23 deaths in the Scilly Isles.

